

Fill in this information to identify the case:

United States Bankruptcy Court for the:

____ District of Delaware
(State)Case number (if known): _____ Chapter 11☐ Check if this is an amended filingOfficial Form 201**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name House Spirits Distillery LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business as* namesWestward Whiskey

3. Debtor's federal Employer Identification Number (EIN)

2 7 - 4 6 5 2 0 6 9

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

65 SE Washington Street

Number Street

Number Street

P.O. Box

Portland

City

OR

State

97214

ZIP Code

City

State

ZIP Code

Location of principal assets, if different from principal place of business

Multnomah County

County

Number Street

City

State

ZIP Code

5. Debtor's website (URL)

www.westwardwhiskey.com

Debtor House Spirits Distillery LLC Case number (if known) _____
 Name

6. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

7. Describe debtor's business*A. Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

4 2 4 8

8. Under which chapter of the Bankruptcy Code is the debtor filing?*Check one:*

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

☒ No

☐ Yes. District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 MM / DD / YYYY MM / DD / YYYY

Debtor House Spirits Distillery LLC Case number (if known) _____

Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

List all cases. If more than 1, attach a separate list.

☒ No☐ Yes.

Debtor _____

Relationship _____

District _____

When _____

MM / DD / YYYY

Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

☒

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)☐It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____☐

It needs to be physically secured or protected from the weather.

☐

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐

Other _____

Where is the property?

Number _____ Street _____

City _____

State _____

ZIP Code _____

Is the property insured?☐ No☐ Yes.

Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

☒

Funds will be available for distribution to unsecured creditors.

☐

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors☐

1-49

☐

1,000-5,000

☐

25,001-50,000

☐

50-99

☐

5,001-10,000

☐

50,001-100,000

☐

100-199

☐

10,001-25,000

☐

More than 100,000

☒

200-999

Debtor House Spirits Distillery LLC Case number (if known) _____
 Name

15. Estimated assets

<input type="checkbox"/> \$0-\$50,000	<input checked="" type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

16. Estimated liabilities

<input type="checkbox"/> \$0-\$50,000	<input checked="" type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/06/2025
 MM / DD / YYYY

X /s/ Thomas Mooney
 Signature of authorized representative of debtor

Thomas Mooney
 Printed name

Title CEO

18. Signature of attorney

X /s/ Joseph C. Barsalona II
 Signature of attorney for debtor

Date 04/06/2025
 MM / DD / YYYY

Joseph C. Barsalona II
 Printed name

Pashman Stein Walder Hayden, P.C.
 Firm name

824 North Market Street, Suite 800
 Number Street

Wilmington DE 19801
 City State ZIP Code

(302) 592-6496 jbarsalona@pashmanstein.com
 Contact phone Email address

6102 DE
 Bar number State

Fill in this information to Identify the case:

Debtor Name: House Spirits Distillery LLC (aka Westward Whiskey)

United States Bankruptcy Court for the: District of Delaware

Case Number (If known):

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: Consolidated List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A consolidated list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1 WINE CO. DBA NW DISTRIBUTION 1745 OXFORD STREET SOUTHEAST 150 SALEM, OR 97302	CONTACT: CHIEF FINANCIAL OFFICER PHONE: 503-362-2212 SALES@NWDIST.COM	TRADE PAYABLE				\$101,000.00
2 TRAVELERS INSURANCE DEPT. 98476 PO BOX 660333 DALLAS, TX 75266-0333	CONTACT: DEBBIE COOK DEBBIE- COOK@LEAVITT.COM	INSURANCE				\$43,857.00
3 US TTB EXCISE TAX PO BOX 790353 ST. LOUIS, MO 63179-0353	CONTACT: CHIEF COUNSEL PHONE: 202-453-2000 FAX: 202-453-2979	EXCISE TAX				\$34,442.00
4 SPEAKEASY 4616 25TH AVE NE, 131 SEATTLE, WA 98105	CONTACT: CHIEF FINANCIAL OFFICER ACCOUNTING@SPEAKEASYC O.COM	TRADE PAYABLE				\$25,000.00
5 CIRE EQUITY 530 B STREET SUITE 2050 SAN DIEGO, CA 92101	CONTACT: CHIEF FINANCIAL OFFICER NOTICES@CIREEQUITY.COM	LEASE				\$14,200.00
6 PARKSTREET IMPORTS 1000 BRICKELL AVE 215 MIAMI, FL 33131	CONTACT: ACCOUNT MANAGER RGUERRERO@PARKSTREET.C OM	TRADE PAYABLE				\$13,500.00
7 SOUTHERN GLAZERS W&S 1600 N.W. 163RD STREET MIAMI, FL 33169	CONTACT: WAYNE E. CHAPLIN PHONE: 305-625-4171	TRADE PAYABLE	CUD			\$10,410.00

Debtor: House Spirits Distillery LLC (aka Westward Whiskey)

Case Number (if known):

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
8	CH ROBISON 14701 CHARLSON ROAD P.O. BOX 9121 EDEN PRAIRIE, MN 55347	CONTACT: WYATT YOUNG, CHIEF EXECUTIVE OFFICER WYATT.YOUNG@CHROBINS ON.COM	TRADE PAYABLE				\$10,000.00
9	OREGON LIQUOR & CANNABIS COMMISSION PO BOX 22297 MILWAUKEE, OR 97269-2297	CONTACT: DIANA MARSHAL, FINANCIAL MANAGER PHONE: 503-872-5341 DIANA.MARSHALL@OREGON .GOV	TRADE PAYABLE				\$8,000.00
10	PROLOGIS 4380 S MACADAM AVE. 440 PORTLAND, OR 97239	CONTACT: KIM PHILLIPS, PROPERTY MANAGER PHONE: 503-276-7373 KPHILLIPS@PROLOGIS.COM	LEASE				\$6,216.60
11	NORTHWEST STAFFING RESOURCES, INC. 851 SW 6TH AVE STE 300 PORTLAND, OR 97204-1310	CONTACT: JEFF HALVERSON PHONE: 503-740-1830 JHALVERSON@NWSTAFFING .COM	TRADE PAYABLE				\$4,000.00
12	FEDEX PO BOX 7221 PASADENA, CA 91109-7321	CONTACT: CHIEF FINANCIAL OFFICER PHONE: 800-463-3339	TRADE PAYABLE				\$2,000.00
13	AMSTERDAM WAREHOUSE COMPANY SLEGO 1A 1046 BM AMSTERDAM NETHERLANDS	CONTACT: CHIEF FINANCIAL OFFICER PHONE: +31 20 308 1287 INFO@AMSTERDAMWAREH OUSE.COM	TRADE PAYABLE				\$1,500.00
14	BREAKTHRU BEVERAGE 2800 V STREET, NE, UNIT E WASHINGTON, DC 20018	CONTACT: WILL FULGHOM PHONE: 202-832-5600	TRADE PAYABLE				\$871.00
15							
16							
17							
18							
19							
20							

**RESOLUTIONS OF THE BOARD OF
MANAGERS OF HOUSE SPIRITS DISTILLERY LLC**

APRIL 4, 2025

The undersigned, being a majority of the managers (the “Managers”) of House Spirits Distillery LLC, a Delaware limited liability company (the “Company”), acting at a meeting of the board of managers duly called and held on April 4, 2025, pursuant to Article 4 of the Second Amended and Restated Limited Liability Company Agreement Of House Spirits Distillery LLC, dated August 31, 2022 (the “Operating Agreement”), and the Delaware Limited Liability Company Act, as amended, at which a quorum was present pursuant to Article 4.11 of the Operating Agreement, hereby adopt and approve, the following resolutions:

WHEREAS, the Managers have reviewed and considered, among other things, the financial condition of the Company; and

WHEREAS, the Managers have received, reviewed, and considered the recommendations of the Company’s legal and other advisors as to the relative risks and benefits of pursuing a bankruptcy case under the provisions of subchapter V of chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”);

NOW, THEREFORE, BE IT RESOLVED, that, with respect to the Company, the Managers have determined that it is desirable and in the best interests of the Company, its stockholders, creditors, and other interested parties that a voluntary petition (the “Petition”) be filed by the Company under the provisions of subchapter V of chapter 11 of the Bankruptcy Code in the United States Bankruptcy Court for the District of Delaware (the “Bankruptcy Court”); and be it

FURTHER RESOLVED, that Thomas Mooney, and any other duly appointed officer (or subcontractor acting as officer) of the Company (each, an “Authorized Person”), in each case, acting individually or jointly, be, and each hereby is, authorized, empowered, and directed, with full power of delegation, to negotiate, execute, verify, deliver, and file with the Bankruptcy Court, in the name and on behalf of the Company, and under its corporate seal or otherwise, all petitions, schedules, statements, motions, lists, applications, pleadings, papers, affidavits, declarations, orders, plans, and other documents (collectively, the “Chapter 11 Filings”), with such changes therein and additions thereto as any such Authorized Person may deem necessary, appropriate or advisable (the execution and delivery of any of the Chapter 11 Filings by any such Authorized Person with any changes thereto to be conclusive evidence that any such Authorized Person deemed such changes to meet such standard); and be it

FURTHER RESOLVED, that any Authorized Person, in each case, acting individually or jointly, be, and each hereby is, authorized, empowered, and directed, with full power of delegation, in the name and on behalf of the Company, to take and perform any and all further acts and deeds that such Authorized Person deems necessary, appropriate, or desirable in connection with the Company’s chapter 11 case (the “Chapter 11 Case”) or the Chapter 11 Filings, including, without limitation, (i) the payment of fees, expenses and taxes such Authorized Person deems

necessary, appropriate, or desirable, and (ii) negotiating, executing, delivering, performing and filing any and all additional documents, schedules, statements, lists, papers, agreements, certificates and/or instruments (or any amendments or modifications thereto) in connection with, or in furtherance of, the Chapter 11 Case with a view to the successful prosecution of the Chapter 11 Case (such acts to be conclusive evidence that such Authorized Person deemed the same to meet such standard); and be it

FURTHER RESOLVED, that the retention of the law firm of Pashman Stein Walder Hayden, P.C. ("Pashman Stein"), to represent the Company as bankruptcy counsel on the terms set forth in its engagement letter with the Company and to represent and assist the in preparing and filing the Petitions, the Chapter 11 Filings, and related forms, schedules, lists, statements and other papers or documents, is hereby approved, adopted, ratified and confirmed in all respects; and in connection therewith, any Authorized Person, and each of them, acting either individually or jointly, are hereby authorized, empowered, and directed, in the name and on behalf of the Company, to execute any appropriate retention agreements, pay appropriate retainers prior to and immediately upon the filing of the Chapter 11 Case, and cause to be filed an appropriate application for authority to retain the services of Pashman Stein; and be it

FURTHER RESOLVED, that the retention of Epiq Corporate Restructuring, LLC ("Epiq") to act as the Company's claims agent in the Chapter 11 Case on the terms set forth in its engagement letter with the Company and to assist the Company with, among other tasks, case filing, creditor notification and claims administration, is hereby approved, adopted, ratified and confirmed in all respects; and in connection therewith, any Authorized Person, and each of them, acting either individually or jointly, are hereby authorized, empowered, and directed, in the name and on behalf of the Company, to execute any appropriate retention agreements, pay appropriate retainers prior to and immediately upon the filing of the Chapter 11 Case, and cause to be filed an appropriate application for authority to retain the services of Epiq; and be it

FURTHER RESOLVED, that the Authorized Persons or any one of them be, and each hereby is, authorized and empowered to engage such further accountants, counsel, consultants or advisors and to do such other acts and things as may be determined to be necessary or appropriate by the Authorized Person or Authorized Persons so acting in order to fully effectuate the purpose and intent of the foregoing resolutions and to accomplish the transactions contemplated thereby, such determination to be conclusively evidenced by the retention or taking of any such action by such Authorized Person; and be it

FURTHER RESOLVED, that all of the acts and transactions relating to matters contemplated by the foregoing resolutions, which acts and transactions would have been authorized and approved by the foregoing resolutions except that such acts and transactions were taken prior to the adoption of such resolutions, be, and they hereby are, in all respects adopted, confirmed, approved, and ratified.

IN WITNESS WHEREOF, the undersigned, being a majority of the members of the board of Managers of House Spirits Distillery LLC, have adopted the foregoing resolutions as of the date first set forth above.

/s/ Thomas Mooney

Thomas Mooney, Manager

/s/ Luis Fernando Leal

Luis Fernando Leal, Manager

/s/ Rodolfo Junco

Rodolfo Junco, Manager

Fill in this information to identify the case and this filing:

Debtor Name House Spirits Distillery LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (If known): _____

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration Corporate Ownership Statement

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/06/2025
MM / DD / YYYY

X /s/ Thomas Mooney
Signature of individual signing on behalf of debtor

Thomas Mooney
Printed name

CEO
Position or relationship to debtor

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re

HOUSE SPIRITS DISTILLERY LLC,

Debtor.¹

Chapter 11

Case No. 25- ()

(Subchapter V)

CORPORATE OWNERSHIP STATEMENT AND LIST OF EQUITY HOLDERS

Pursuant to Rules 1007(a)(1), 1007(a)(3), and 7007.1 of the Federal Rules of Bankruptcy Procedure, the following are equity holders, other than governmental units, that directly or indirectly own 10% or more of any class of the Debtor's equity interests:

Name and last known address or place of business of holder	Percentage of Ownership
Liquor Investment LLC 801 Main Avenue Norwalk, CT 06851	100% Preferred Units 32.50% Class A Units
Astoria LLC 65 SE Washington Street Portland, Oregon 97214	66.53% Class A Units
Christian Krogstad [REDACTED]	33.196% Class B Units
Brooke Arthur [REDACTED]	16.598% Class B Units
Andrew Tice [REDACTED]	16.598% Class B Units
Kelly Woodcock [REDACTED]	16.598% Class B Units

¹ The last four digits of the Debtor's federal tax identification number are 2069. The Debtor's mailing address is 65 SE Washington Street, Portland, OR 97214.

Miles Munroe [REDACTED]	16.598% Class B Units
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**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re

HOUSE SPIRITS DISTILLERY LLC,

Debtor.¹

Chapter 11

Case No. 25- ()

(Subchapter V)

VERIFICATION OF CREDITOR MATRIX

I, the Chief Executive Officer of the company named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: April 6, 2025

/s/ Thomas Mooney

Thomas Mooney
Chief Executive Officer

¹ The last four digits of the Debtor's federal tax identification number are 2069. The Debtor's mailing address is 65 SE Washington Street, Portland, OR 97214.

1927 SMORES COMPANY
1991 NORTHWEST UPSHUR STREET
SUITE A
PORTLAND, OR 97209

88 WALTER AVENUE, LLC
C/O SCHNITZER PROPERTIES
1620 SW TAYLOR, STE 300
PORTLAND, OR 97205

88 WALTER AVENUE, LLC
D/B/A BREAKTHRU BEVERAGE ARIZONA
1430 SW BROADWAY, SUITE 100
PORTLAND, OR 97201

88 WALTER AVENUE, LLC
HARSCH INVESTMENT PROPERTIES, LLC
1620 SW TAYLOR, STE 300
PORTLAND, OR 97205

AAA METAL FABRICATION, INC.
14305 SW MILLIKAN WAY
BEAVERTON, OR 97005

ABBATOY, THEA L.
[ADDRESS REDACTED]

AGENCY 21 CONSULTING, LLC
5999 BISCAYNE BOULEVARD
MIAMI, FL 33137

AGENT99 PUBLIC RELATIONS PTY LTD
STUDIO 14, 13-29 NICHOLS STREET
SURREY HILLS, NSW 2010
AUSTRALIA

AHLBACH, MATTHEW G
[ADDRESS REDACTED]

AIG
1271 AVENUE OF THE AMERICAS, 37TH
FLOOR
NEW YORK, NY 10020

ALBA WHISKY
PO BOX 6135
VERMONT SOUTH, VIC 3133
AUSTRALIA

ALCOHOL AND TOBACCO TAX
AND TRADE BUREAU (TTB)
1310 G STREET NW, SUITE 400
WASHINGTON, DC 20005

ALFORD, MIKEY DESHAWN
[ADDRESS REDACTED]

ALLIANCE BEVERAGE DISTRIBUTING
COMPANY
1115 NORTH 47TH AVENUE
PHOENIX, AZ 85043

ALLIANCE PACKAGING
PO BOX 748075
LOS ANGELES, CA 90074-8075

ALTMAN, JOSEPH D
[ADDRESS REDACTED]

AMBER BEVERAGE AUSTRALIA
8/30 PARK ROAD
MULGRAVE, NSW 2756
AUSTRALIA

AMERICAN RED CROSS
25688 NETWORK PLACE
CHICAGO, IL 60673-1256

AMSTERDAM FREIGHT COMPANY
SLEGO 1A
AMSTERDAM 1046 BM
NETHERLAND

AMSTERDAM WAREHOUSE COMPANY
CHIEF FINANCIAL OFFICER
SLEGO 1A
AMSTERDAM 1046 BM
NETHERLANDS

AMTRUST NORTH AMERICAN
PO BOX 6939
CLEVELAND, OH 44101-1939

ANDERSON, TIFFANEY A.
[ADDRESS REDACTED]

ANDREW HARRISON CONSTRUCTION
14823 SE LEE AVE
PORTLAND, OR 97267

ANNE HUBATCH-VINTNER LLC
2025 SOUTHEAST 7TH AVENUE
PORTLAND, OR 97214

ANTON PAAR USA, INC.
10215 TIMBER RIDGE DR
ASHLAND, VA 23005

ANYROAD, INC.
PO BOX 640
SAN FRANCISCO, CA 94104-0640

ARCOS, VICKY
[ADDRESS REDACTED]

ARES REAL ESTATE GROUP
2000 AVENUE OF THE STARS, 12TH FLOOR
ATTN: JAY GLAUBACH
LOS ANGELES, CA 90067

ARTHUR, BROOKE
[ADDRESS REDACTED]

ARTURO LITWAK
[ADDRESS REDACTED]

ASCROFT, MICHAEL F
[ADDRESS REDACTED]

ASTORIA LLC
65 SE WASHINGTON STREET
PORTLAND, OR 97214

CATTIEH BROS, INC
6750 SOUTHWEST BONITA ROAD
TIGARD, OR 97224

BAGAVAGABONDS LLC
1423 NEWPORT AVE
LONG BEACH, CA 90804

BAMKO LLC
11620 WILSHIRE BLVD
SUITE 610
LOS ANGELES, CA 90025

BARICH, AUSTIN A
[ADDRESS REDACTED]

BARTS BOTTLES BV
PORTSMUIDEN 13
AMSTERDAM 1046 AH
NETHERLAND

BASIC BENEFITS, LLC.
PO BOX 88297
MILWAUKEE, WI 53288-8297

BASIC FIRE PROTECTION, INC.
8135 NE MLK
PORTLAND, OR 97211

BASIK CHOCOLATES
U1 139 CENTRAL AVE
INDOOROOPIILLY, QLD 4068
AUSTRALIA

BATCHLER, SHANE
[ADDRESS REDACTED]

BEACON BRAND SOLUTIONS
PO BOX 27
DUXBURY, MA 02360

BEAVERTON FARMERS MARKET
PO BOX 4
BEAVERTON, OR 97075

BENNETT, SEAN JOSEPH
[ADDRESS REDACTED]

BERKMANN WINE CELLAR
10-12 BREWERY ROAD
LONDON N7 9NH
UNITED KINGDOM

BERRY-YOUNG, CHEYENNE C
[ADDRESS REDACTED]

BEVERAGE DISTRIBUTORS COMPANY, LLC
D/B/A BREAKTHRU BEVERAGE COLORADO
390 CENTRAL PARK BOULEVARD
DENVER, CO 80238

BEVERAGE MANAGEMENT OUTSOURCING
CORP
2955 NORTH BEACH ROAD
A413
ENGLEWOOD, FL 34223

BILL.COM
13707 SW STE 100
DRAPER, UT 84020

BLANK ROME
ONE LOGAN SQUARE
130 NORTH 18TH STREET
PHILADELPHIA, PA 19103

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BREAKTHRU BEVERAGE ARIZONA
1115 NORTH 47TH AVENUE
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BREAKTHRU BEVERAGE
WILL FULGHOM
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BREW DR. KOMBUCHA
19675 SOUTHWEST 129TH AVENUE
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BRIGADE LLC
296 NONOTUCK STREET
3RD FLOOR
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BROWN, MATTHEW
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CCL LABEL
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202B HILLS MILL ROAD
WHITEHOUSE STATION, NJ 08889

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CLARK&CAMPBELL LLC
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CENTRAL COAST, NSW 2250
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SOUTHPORT, QLD 4215
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ICONIC BEVERAGES AUSTRALIA PTY
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LABRADOR, QLD 4215
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OREGON LIQUOR & CANNABIS COMMISSION
DIANA MARSHAL, FINANCIAL MANAGER
PO BOX 22297
MILWAUKEE, OR 97269-2297

OREGON OCCUPATIONAL SAFETY AND
HEALTH
(OREGON OSHA)
16760 SW UPPER BOONES FERRY RD.
SUITE 200
TIGARD, OR 97224-7696

OREGON OILS
2515 NORTHWEST 28TH AVENUE
PORTLAND, OR 97210

OREGON SPICE COMPANY
5441 NE 148TH AVE SUITE 101
PORTLAND, OR 97230

OREGON WATER RESOURCES
DEPARTMENT (OWRD)
725 SUMMER ST NE
A SALEM, OR 97301

OSI
3580 NE BROADWAY ST.
PORTLAND, OR 97232

OX & PINE LLC
3313 DRIP ROCK DRIVE
MCKINNEY, TX 75070

PACIFIC OFFICE AUTOMATION
PACIFIC OFFICE AUTOMATION
14747 NW GREENBRIER PKWY
BEAVERTON, OR 97006

PALL CORPORATION
PALL CORPORATION
PO BOX 419501
BOSTON, MA 02241-9501

PANISH, SKYE
[ADDRESS REDACTED]

PARK STREET
ATTN: RODRIGO GUERRERO
1000 BRICKELL AVENUE 215
MIAMI, FL 33131

PARKSTREET IMPORTS
ACCOUNT MANAGER
1000 BRICKELL AVE 215
MIAMI, FL 33131

PATZMAN, LONNIE KATHERINE
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PAYCOR
ATTN: ASMA ULBER
4811 MONTGOMERY ROAD
CINCINNATI, OH 45212

PAYNE, GABRIELLA
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PAYPAL
PO BOX 45950
OMAHA, NE 68145-0950

PEARSON, RYAN
[ADDRESS REDACTED]

PECK, MADEE VICTORIA
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PENNSYLVANIA DEPARTMENT OF REVENUE
1 REVENUE PLACE
HARRISBURG, PA 17129-0003

PERKINS, ANDY R.
[ADDRESS REDACTED]

PERLO CONSTRUCTION
11450 SW AMU ST
TUALATIN, OR 97062

PETER CORVALLIS PRODUCTIONS
2204 NORTH CLARK AVENUE
PORTLAND, OR 97227

PITNEY BOWES - 5281
PITNEY BOWES INC
PO BOX 371896
PITTSBURGH, PA 15250-7896

PORT OF PORTLAND
7200 NORTHEAST AIRPORT WAY
PORTLAND, OR 97218

PORTLAND BITTERS PROJECT
3137 SE KELLY AVENUE
PORTLAND, OR 97202

PORTLAND BUILDING AND DEVELOPMENT
1900 SW 4TH AVE
FIRST FLOOR PORTLAND, OR 97201

PORTLAND BUREAU OF ENVIRONMENTAL
SVC
1120 SW 5TH AVE, SUITE 613
PORTLAND, OR 97204

PORTLAND DISPOSAL & RECYCLING, INC
7202 NE 42ND AVE
PORTLAND, OR 97218-1195

PORTLAND DISTILLERY ROW
PORTLAND DISTILLERY ROW
2304 NW SAVIER ST
PORTLAND, OR 97210

PORTLAND FARMERS MARKET
240 N. BROADWAY, STE. 129
PORTLAND, OR 97227

PORTLAND FIRE & RESCUE
CITY OF PORTLAND
ATTN: GENERAL AR
PO BOX 5066
PORTLAND, OR 97208-5066

PORTLAND FIRE BUREAU CHIEF
55 SW ASH STREET
PORTLAND, OR 97204

PORTLAND GENERAL ELECTRIC
121 SW SALMON ST
PORTLAND, OR 97204

PORTLAND GENERAL ELECTRIC
PO BOX 4438
PORTLAND, OR 97208-4438

PORTLAND HEAVY TOWING LLC
10835 NE HOLMAN ST
PORTLAND, OR 97220

PORTLAND INDUSTRIAL OWNER LLC
5708 SOUTHEAST 136TH AVENUE
2
PORTLAND, OR 97236

PORTLAND INDUSTRIAL OWNER LLC
6433 SE LAKE ROAD
MILWUKIE, OR 97222

PORTLAND INDUSTRIAL OWNER LLC
C/O SPECHT PROPERTIES, INC.
10260 SW GREENBURG RD. SUITE 170
ATTN: BRENT HEDBERG AND GREG SPECHT
PORTLAND, OR 97223

PORTLAND INTERNETWORKS
532 SE CLAY ST
PORTLAND, OR 97214

PORTLAND METRO SHS TAX
111 SW COLUMBIA ST, STE 600
PORTLAND, OR 97201

PORTLAND METRO SHS TAX
REVENUE DIVISION - METRO SHS TAX
PO BOX 9250
PORTLAND, OR 97207-9250

PORTLAND PET FOOD COMPANY
4784 SOUTHEAST 17TH AVENUE
SUITE 128
PORTLAND, OR 97202

PORTLAND SODA WORKS
2021 SE 11TH AVE
PORTLAND, OR 97214

PORTLAND WATER BUREAU
1120 SW 5TH AVE STE 405
PORTLAND, OR 97204

PORTLAND WATER BUREAU
CITY OF PORTLAND
PO BOX 4216
PORTLAND, OR 97208-4216

PROCALIBER HOME IMPROVEMENT, LLC
ATTN: TIM YOCUM
680 SW SOSA PL
BEAVERTON, OR 97003

PROLOGIS
1800 WAZEE STREET
STE 500
ATTN: GENERAL COUNSEL
DENVER, CO 92739

PROLOGIS
KIM PHILLIPS, PROPERTY MANAGER
4380 S MACADAM AVE. 440
PORTLAND, OR 97239

PROLOGIS
PO BOX 847962
DALLAS, TX 75284-7962

PUDDIN RIVER CHOCOLATES &
CONFECTIONS LL
1438 S IVY ST
CANBY, OR 97013

RAMOS, HECTOR V
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RAWSON, ABBY
[ADDRESS REDACTED]

RAYMOND HANDLING CONCEPTS
41400 BOYCE RD
FREMONT, CA 94538

REDWOOD BRANDS LLC
450 PARK AVE SOUTH, 3RD FLOOR
NEW YORK, NY 10016

RELIABLE CHURCHILL LLP
D/B/A BREAKTHRU BEVERAGE MARYLAND
1431 TANGIER DRIVE
MIDDLE RIVER, MD 21220

REMPFER, RYAN J.
[ADDRESS REDACTED]

RICHARDSON, MARGARET J
[ADDRESS REDACTED]

RILEY CHILDRENS FOUNDATION
PO BOX 3356
ATTN: ANNIE MILLER
INDIANAPOLIS, IN 46206

RNDC
16913 NORTHEAST CAMERON BOULEVARD
PORTLAND, OR 97230

ROGERS MACHINERY COMPANY, INC
14650 SW 72ND AVE.
PORTLAND, OR 97224

ROGERS, KAYLEEN E.
[ADDRESS REDACTED]

ROYAL ELEMENTS ENTERTAINMENT
2118 N 41ST AVE
HOLLYWOOD, FL 33021

URSK SERVICE CORPORATION
723 SOUTHEAST LINCOLN STREET
PORTLAND, OR 97214

RYAN MCALPIN - IC
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SALAS, JESSICA
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SALEM FIRE ALARM, INC.
3160 22ND STREET SOUTHEAST
PO BOX 12789
SALEM, OR 97302

SAN ANTONIO SALES CONSULTANTS, INC.
8626 TESORO DR., SUITE 515
SAN ANTONIO, TX 78217

SANDERSON FIRE PROTECTION
SANDERSON FIRE PROTECTION, INC.
1101 SE 3RD AVE.
PORTLAND, OR 97214

SCD CORPORATION
1 BONAVENTURE DR
GREENVILLE, SC 29615

SCHNITZER PROPERTIES LLC
PO BOX 4800
UNIT 71
PORTLAND, OR 97208-4800

SCHOR INSIGHTS & STRATEGY
21010 WILDERNESS WAY
BEND, OR 97702

SCOTT LABORATORIES, INC.
1480 CADER LANE
PETALUMA, CA 94954

SCOTT, ALEXANDER
[ADDRESS REDACTED]

SCOTTSDALE INDEMNITY COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

SECRETARY OF STATE/DIV OF REVENUE
DIVISION OF CORPORATIONS
FRANCHISE TAX
P.O. BOX 898
DOVER, DE 19903

SECRETARY OF STATE/DIV OF REVENUE
DIVISION OF CORPORATIONS; FRANCHISE
TAX
JOHN G TOWNSEND BLDG
401 FEDERAL ST, STE 4
DOVER, DE 19901

SECURE PACIFIC
8220 NORTH INTERSTATE AVENUE
PORTLAND, OR 97217

SECURITIES & EXCHANGE COMMISSION
100 F STREET, NE
WASHINGTON, DC 20549

SECURITIES & EXCHANGE COMMISSION
NEW YORK REGIONAL OFFICE
100 PEARL ST. STE 20-100
NEW YORK, NY 10004-2616

SECURITY SIGNS
2424 SE HOLGATE BLVD
PORTLAND, OR 97202-4747

SELESTA TRADING - LTD
469 BOULEVARD "BOTEVGRADSKO SHOSE"
SOFIA 1839
BULGARIA

SHOPIFY
ATTN: TOM MIFFLIN
251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808

SIERRA SPRINGS
PO BOX 660579
DALLAS, TX 75266-0579

SILL DESIGN CO.
11390 SE LENORE ST.
HAPPY VALLEY, OR 97086

SIMPLE MODERN LIVING
204 2ND STREET
MORTON, WA 98356

SIPWELL LIMITED
1B ALBA BUSINESS PAVILLIONS
LIVINGSTON
WEST LOTHIAN EH54 7HG
UNITED KINGDOM

SLAYTON, MOSS
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SMITH TEAMAKER, LLC
110 SE WASHINGTON ST.
PORTLAND, OR 97214

SMITH, JORDAN
[ADDRESS REDACTED]

SMITH, NYHA
[ADDRESS REDACTED]

SODERSTROM ARCHITECTS, LTD
1331 NW LOVEJOY STREET
SUITE 775
PORTLAND, OR 97209

SONG, GENE
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SOUTHERN GAZER'S WINE AND SPIRITS, LLC
ATTN: WAYNE E. CHAPLIN
1600 N.W. 163RD STREET
MIAMI, FL 33169

SPEAKEASY CO.
CHIEF FINANCIAL OFFICER
4616 25TH AVE NE, 131
SEATTLE, WA 98105

SPEEDER SOLUTIONS LLC
330 CENTERPOINT BLVD
NEW CASTLE, DE 19720

SPRAGUE PEST SOLUTIONS
SPRAGUE PEST SOLUTIONS
PO BOX 35129
SEATTLE, WA 98124-5129

SPRAY, MACK LOUIS
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SPRINGSTUN, RILEY
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STATE COMPENSATION INSURANCE FUND
5880 OWENS DRIVE
PLEASANTON, CA 94588

STATE COMPENSATION INSURANCE FUND
LOCKBOX SERVICE 0107441
3440 FLAIR DR
EL MONTE, CA 91731

STATE COMPENSATION INSURANCE FUND
PO BOX 51092
LOS ANGELES, CA 90051

STATE COMPENSATION INSURANCE FUND
PO BOX 8192
PLEASANTON, CA 94588

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FILING FEE ON PARTNERSHIPS
PO BOX 642
TRENTON, NJ 08646-0642

STATE OF NEW JERSEY DIVISION OF
TAXATION
3 JOHN FITCH WAY, 5TH FLR
TRENTON, NJ 08695

STATE OF NEW JERSEY DIVISION OF
TAXATION REVENUE PROCESSING CENTER
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STONE BARN BRANDY WORKS
315 SE 19TH AVE B
SUITE B
PORTLAND, OR 97202

STRAITS, LISA
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STRATUS REAL ESTATE DEVELOPERS, LLC
19363 WILLAMETTE DRIVE
133
WEST LINN, OR 97068

STUMPTOWN COFFEE ROASTERS
100 SE SALMON ST
PORTLAND, OR 97214

SULLIVAN, SPENCER
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SUN LIQUOR MFG. INC
17425 68TH AVENUE NORTHEAST
KENMORE, WA 98105

SUNBELT CONTROLS, INC.
888 EAST WALNUT STREET
PASADENA, CA 91101

SUNNYSIDE FARMERS MARKET
12042 SE SUNNYSIDE ROAD 384
CLACKAMAS, OR 97015

TEAM TRUCK MELANOMA
2092 NORTHWEST 17TH STREET
GRESHAM, OR 97030

THE BITTER HOUSEWIFE
537 SE ASH STREET, SUITE 102
PORTLAND, OR 97214

THE CHEFS WAREHOUSE WEST
PO BOX 601154
PASADENA, CA 91189-1154

THE PORT OF PORTLAND
ATTN: LEGAL DEPARTMENT
PO BOX 3529
PORTLAND, OR 97208

THE PORT OF PORTLAND
PO BOX 35143 5095
SEATTLE, WA 98124-5413

THE PORT OF PORTLAND
PO BOX 5095
PORTLAND, OR 97208-5095

THE RICHMARK COMPANY
1110 E PINE ST
SEATTLE, WA 98122

THE WHISKEY LIST PTY LTD
ST IVES CHASE, NSW 2075
AUSTRALIA

THOMAS, ASHLEY WEDNESDAY
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THOMSON, JOSHUA
[ADDRESS REDACTED]

TICE, ANDREW
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6020 BAHIA DEL MAR CIRCLE 127
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801 SOUTH FIGUEROA STREET SUITE 700
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TONKON TORP LLP
888 SOUTHWEST 5TH AVENUE
SUITE 1600
PORTLAND, OR 97204

TONNELLERIE BOSSUET
11 ROUTE DES HILLAIRES
SAINT-SIMON-DE-BORDES 17500
FRANCE

TOTH, ERIKA
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920 NE GLISAN STREET
PORTLAND, OR 97232

TRACEY, MADELINE
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201 AUBURN WAY N
AUBURN, WA 98002

TRAVELERS INSURANCE
485 LEXINGTON AVE
8TH FLOOR
NEW YORK, NY 10017

TRAVELERS INSURANCE
DEBBIE COOK
DEPT. 98476
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DALLAS, TX 75266-0333

TRICORBRAUN
2622 NORTH MARINE DR
PORTLAND, OR 97217

TRUE BRANDS
PO BOX 734788
CHICAGO, IL 60673-4788

TSO TONNELLERIES
78 AVENUE RHIN ET DANUBE
GAILLAC 81600
FRANCE

TYEE CARR
TYEE CARR, LLC
PO BOX 19572
PORTLAND, OR 97280

TYEECARR, LLC DBA TYEE CARR ADVISORY
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PO BOX 88741
CHICAGO, IL 60680-1741

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4323 NORTHEAST 75TH AVENUE
PORTLAND, OR 97218

UNITED FIRE
4611 NE MLK JR BLVD
PORTLAND, OR 97211

UNITED PACIFIC FOREST PRODUCTS
7157 SOUTHWEST BEVELAND STREET
SUITE 200
TIGARD, OR 97223

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PO BOX 650116
DALLAS, TX 75265-0116

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1
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VANFLIX
4 EUCALYPT ROAD,
SPRINGWOOD, NSW 2777
AUSTRALIA

VARIGRAPHIC PRINTING
84 BUNGAN HEAD ROAD
NEWPORT, NSW 2106
AUSTRALIA

VENEDOME COPPER & BRASS WORKS, INC.
729 E FRANKLIN ST
LOUISVILLE, KY 40202

VERIZON WIRELESS
PO BOX 660108
DALLAS, TX 75266-0108

VERMONT INFORMATION PROCESSING
402 WATERTOWER CIRCLE
COLCHESTER, VT 05446

VIBO, INC
11726 SAN VICENTE BL
SUITE 560
LOS ANGELES, CA 90049

VOLSTEAD BRANDS, LLC
65 SOUTHEAST WASHINGTON STREET
PORTLAND, OR 97214

VOX MEDIA LLC
1701 RHODE ISLAND AVENUE NORTHWEST
WASHINGTON, DC 20036

WAALKES, JACOB MONTANA
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WAKEFIELD, DYLAN JOSEPH
[ADDRESS REDACTED]

WASHINGTON DEPARTMENT OF REVENUE
2101 4TH AVENUE, SUITE 1400
SEATTLE, WA 98121

WASHINGTON WHOLESALE LIQUOR
COMPANY
2800 V. STREET, NE, UNIT E
WASHINGTON, DC 20018

WATERFIELD, OLIVIA N.
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WCP SOLUTIONS (WA)
PO BOX 84145
SEATTLE, WA 98124

WCP SOLUTIONS
23200 64TH AVE SOUTH
KENT, WA 98032

WEIL, JORDAN
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WEKWERT, SKYE ROSE
[ADDRESS REDACTED]

WEST POINT ASSOCIATION OF GRADUATES
698 MILLS ROAD
WEST POINT, NY 10996

WHISKY LIVE
5-7 BERMILL STREET
ROCKDALE, NSW 2216
AUSTRALIA

WHITNEY EQUIPMENT COMPANY INC
16120 WOODINVILLE-REDMOND ROAD NE
WOODINVILLE, WA 98072

WILDMAN, LAUREN A.
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WILDWOOD CANDLE CO LLC
3801 NE 81ST AVE
PORTLAND, OR 97213

WINE & SPIRITS RECRUITING
145 GROVE AVE
CORTE MADERA, CA 94925

WINE CO. DBA NW DISTRIBUTION
CHIEF FINANCIAL OFFICER
1745 OXFORD STREET SOUTHEAST 150
SALEM, OR 97302

WINECO, LLC
1805 OXFORD STREET SOUTHEAST
SALEM, OR 97302

WOODBLOCK CHOCOLATE
1715 NE 17TH AVE
PORTLAND, OR 97212

WOODCOCK, KELLEY A.
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WORKMAN PUBLISHING COMPANY
WORKMAN PUBLISHING COMPANY
PO BOX 21142
NEW YORK, NY 10087-1142

YOUNGS MARKET COMPANY
16913 NE CAMERON BLVD, SUITE 1
PORTLAND, OR 97230

Total: 509

HOUSE SPIRITS DISTILLERY
STATEMENT OF OPERATIONS

	2024	2025	2025
	Annual	January	February
Wholesale Gross Sales Whiskey	\$ 1,312,082	\$ 129,085	\$ 128,574
Price Discounts & Trade Support	(113,075)	(24,157)	(11,379)
Federal Excise Tax	(8,669)	(1,110)	(4,727)
Wholesale, Net - Whiskey Sales	1,190,338	103,819	112,469
DTC - Ecommerce, Net - Whiskey Sales	974,497	177,928	136,453
DTC - Tasting Rooms, Net - Whiskey Sales	1,282,639	91,496	86,372
Total Whiskey Sales, Net	3,447,474	373,243	335,294
Whiskey Cost of Goods Sold	1,203,632	113,620	127,232
Whiskey Gross Profit	2,243,842	259,623	208,062
Tasting Fees & Cocktail Revenue	348,955	23,192	20,973
Cocktail Cost of Goods Sold	59,291	3,390	3,977
Tastings Gross Profit	289,664	19,802	16,996
Contract Manufacturing Gross Profit	(882,404)	(94,932)	(75,226)
Merchandise Gross Profit	69,295	4,502	4,353
Other Income	338,735	18,157	5,227
Total Gross Profit	2,059,132	207,153	159,412
DTC - Operating Expenses	2,373,109	154,202	191,149
A&P - Advertising & Promotion	2,080,146	26,569	43,251
SG&A - Selling, General & Administrative	7,419,255	285,571	321,679
Total Expense	11,872,509	466,342	556,080
Net Ordinary Income / (Loss)	(9,813,377)	(259,189)	(396,668)
Other Income / (Expense)	-	-	-
Net Income / (Loss)	\$ (9,813,377)	\$ (259,189)	\$ (396,668)

CASH FLOW	2024	2025	2025
	Annual	January	February
Net Income / (Loss)	\$ (9,813,377)	\$ (259,189)	\$ (396,668)
Depreciation Expensed	207,994	14,422	14,422
Amortization	153,502	12,854	12,854
Interest	4,669	-	-
EBITDA	\$ (9,447,212)	\$ (231,914)	\$ (369,392)
Change in A/R	218,099	(244,846)	244,917
Change in Prepaids & Other	22,520	67,190	(977)
Change in Inventory	(1,849,069)	80,710	16,543
Change in A/P	(235,696)	(108,120)	281,511
Change in Lease Assets/Liabilities	(1,308,224)	4,808	4,807
Accrued Expenses & Unearned Revenue	622,317	24,353	31,151
Change in Working Capital	(2,530,053)	(175,905)	577,951
Operating Cash Flow + Debt Service	(11,977,265)	(407,819)	208,559
Total Capex	446,055	-	-
Debt Proceeds / (Payment)	(75,000)	-	-
Investment	9,300,000		
Total Cash Flow	(3,198,320)	(407,819)	208,559
Beginning Cash	5,455,798	2,257,478	1,849,660
Ending Cash	2,257,478	1,849,659	2,058,219

	As of	2025	2025
BALANCE SHEET	12/31/2024	January	February
Cash	\$ 2,257,478	\$ 1,849,659	\$ 2,058,219
Accounts Receivable	243,924	488,770	243,853
Prepaid Expenses	459,517	392,327	393,305
Total Inventory	17,105,486	17,042,406	17,043,494
Property, Equipment & Intangibles, Net	9,573,585	9,423,416	9,272,891
TOTAL ASSETS	29,639,991	29,196,578	29,011,761
Accounts & Credit Cards Payable	108,120		245,578
Accrued Expenses & Unearned Revenue	1,855,272	1,879,625	1,923,589
LT Lease Liabilities	2,635,616	2,535,159	2,434,347
Note Payable	-	-	-
Member's Equity	25,040,983	24,781,793	24,408,247
TOTAL LIABILITIES & EQUITY	\$ 29,639,991	\$ 29,196,578	\$ 29,011,761

Two-Year Comparison - Partnership**2024**

Name of partnership	Employer identification number
HOUSE SPIRITS DISTILLERY LLC	27-4652069

Description	Prior Year	Current Year	Increase (Decrease)
NUMBER OF PARTNERS	7.	7.	0.
TRADE OR BUSINESS INCOME OR LOSS:			
INCOME:			
GROSS RECEIPTS OR SALES	6,034,922.	4,370,465.	-1,664,457.
COST OF GOODS SOLD:			
INVENTORY AT BEGINNING OF YEAR	11,619,392.	15,420,849.	3,801,457.
PURCHASES LESS ITEMS WITHDRAWN	5,595,452.	2,983,696.	-2,611,756.
ADDITIONAL SECTION 263A COSTS	220,758.	283,627.	62,869.
OTHER COSTS	399,739.	425,972.	26,233.
TOTAL	17,835,341.	19,114,144.	1,278,803.
INVENTORY AT END OF YEAR	15,420,849.	17,489,895.	2,069,046.
COST OF GOODS SOLD	2,414,492.	1,624,249.	-790,243.
GROSS PROFIT	3,620,430.	2,746,216.	-874,214.
NET GAIN (LOSS) FROM FORM 4797	154.	0.	-154.
TOTAL INCOME (LOSS)	3,620,584.	2,746,216.	-874,368.
DEDUCTIONS:			
SALARIES AND WAGES	3,955,222.	3,960,225.	5,003.
REPAIRS AND MAINTENANCE	5,874.	19,944.	14,070.
RENT	439,148.	252,604.	-186,544.
TAXES AND LICENSES	71,558.	29,332.	-42,226.
INTEREST	6,000.	4,669.	-1,331.
DEPRECIATION	140,918.	68,654.	-72,264.
EMPLOYEE BENEFIT PROGRAMS	493,134.	258,844.	-234,290.
OTHER DEDUCTIONS	7,321,849.	8,171,771.	849,922.
TOTAL DEDUCTIONS	12,433,703.	12,766,043.	332,340.
ORDINARY INCOME (LOSS)	-8,813,119.	-10,019,827.	-1,206,708.
SCHEDULE K:			
INCOME (LOSS):			
ORDINARY TRADE/BUSINESS INCOME/LOSS	-8,813,119.	-10,019,827.	-1,206,708.
NET SECTION 1231 GAIN/LOSS	-6,801.	0.	6,801.
DEDUCTIONS:			

Two-Year Comparison - Partnership**2024**

Name of partnership	Employer identification number
HOUSE SPIRITS DISTILLERY LLC	27-4652069

Description	Prior Year	Current Year	Increase (Decrease)
CHARITABLE CONTRIBUTIONS	17,928.	11,142.	-6,786.
CREDITS:			
OTHER CREDITS	3,884.	2,957.	-927.
ADJUSTMENTS AND TAX PREFERENCES:			
DEPRECIATION ADJUSTMENT	613.	0.	-613.
OTHER:			
NONDEDUCTIBLE EXPENSES	169,749.	107,454.	-62,295.
OTHER ITEMS AND AMOUNTS	26,539,708.	18,711,281.	-7,828,427.
SCHEDULE M-1:			
NET INCOME (LOSS) PER BOOKS	-9,232,575.	-9,814,057.	-581,482.
TRAVEL AND ENTERTAINMENT	165,865.	104,497.	-61,368.
OTHER BOOK EXPENSES NOT ON SCH K	549,807.	286,584.	-263,223.
TOTAL- NET BOOK INC THROUGH EXPENSE	-8,516,903.	-9,422,976.	-906,073.
OTHER BOOK INCOME NOT ON SCH K	196,158.	230,606.	34,448.
DEPRECIATION ON SCH K NOT ON BOOKS	124,787.	109,997.	-14,790.
OTHER SCH K DED NOT ON BOOKS	0.	267,390.	267,390.
TOTAL- BOOK INC THROUGH SCH K DED	320,945.	607,993.	287,048.
INCOME (LOSS)	-8,837,848.	-10,030,969.	-1,193,121.
SCHEDULE M-2:			
CAPITAL AT BEGINNING OF YEAR	16,977,987.	24,970,390.	7,992,403.
CAPITAL CONTRIBUTED DURING YEAR	17,000,000.	9,300,000.	-7,700,000.
NET INCOME (LOSS) PER BOOKS	-8,837,848.	-10,030,969.	-1,193,121.
TOTAL- BEGINNING CAP THROUGH INCR	25,140,139.	24,239,421.	-900,718.
OTHER DECREASES	169,749.	107,454.	-62,295.
TOTAL- CASH CONT THROUGH OTHER DECR	169,749.	107,454.	-62,295.

CALIFORNIA	Payroll and Sales Apportionment Detail Worksheet	2024
HOUSE SPIRITS DISTILLERY LLC		27-4652069

Payroll Apportionment

Cost of goods sold
 Cost of operations
 Compensation of officers
 Salesmen's salaries
 Salesmen's commissions
 General and administrative wages and salaries
 Repairs
 Others
 Miscellaneous other

Total payroll

Within	Everywhere

Sales Apportionment

Sales of tangible personal property
 - Returns and allowances
 Sales from outside the state to within the state
 Sales from within the state to within the state
 Sales from within the state to U.S. government
 Sales from within the state to nontaxable jurisdictions
 Interest
 Dividends
 Rents
 Royalties
 Gain from sales of real and tangible personal property
 Gain from sales of intangibles
 Service income
 Other receipts
 Miscellaneous other

Total sales

Within	Everywhere
	4,370,465.
854,988.	
0.	
0.	
0.	
854,988.	4,370,465.

* - Not Applicable

NEW JERSEY	Payroll and Sales Apportionment Detail Worksheet	2024
HOUSE SPIRITS DISTILLERY LLC		27-4652069

Payroll Apportionment

Cost of goods sold
 Cost of operations
 Compensation of officers
 Salesmen's salaries
 Salesmen's commissions
 General and administrative wages and salaries
 Repairs
 Others
 Miscellaneous other

Total payroll

Within	Everywhere

Sales Apportionment

Sales of tangible personal property
 - Returns and allowances
 Sales from outside the state to within the state
 Sales from within the state to within the state
 Sales from within the state to U.S. government
 Sales from within the state to nontaxable jurisdictions
 Interest
 Dividends
 Rents
 Royalties
 Gain from sales of real and tangible personal property
 Gain from sales of intangibles
 Service income
 Other receipts
 Miscellaneous other

Total sales

Within	Everywhere
	4,370,465.
5,726.	
0.	
5,726.	4,370,465.

* - Not Applicable

OREGON	Payroll and Sales Apportionment Detail Worksheet	2024
HOUSE SPIRITS DISTILLERY LLC		27-4652069

Payroll Apportionment

Cost of goods sold
 Cost of operations
 Compensation of officers
 Salesmen's salaries
 Salesmen's commissions
 General and administrative wages and salaries
 Repairs
 Others
 Miscellaneous other

Total payroll

Within	Everywhere

Sales Apportionment

Sales of tangible personal property
 - Returns and allowances
 Sales from outside the state to within the state
 Sales from within the state to within the state
 Sales from within the state to U.S. government
 Sales from within the state to nontaxable jurisdictions
 Interest
 Dividends
 Rents
 Royalties
 Gain from sales of real and tangible personal property
 Gain from sales of intangibles
 Service income
 Other receipts
 Miscellaneous other

Total sales

Within	Everywhere
	4,370,465.
0.	
3,509,751.	
0.	
0.	
3,509,751.	4,370,465.

* - Not Applicable

SALES FACTOR	Apportionment Summary Worksheet			2024
HOUSE SPIRITS DISTILLERY LLC				27-4652069
	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
Alabama				
Alaska				
Arizona				
Arkansas				
California	854,988.	4,370,465.	.195629	.195629
Colorado				
Connecticut				
Delaware				
District of Columbia				
Florida				
Georgia				
Hawaii				
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon	3,509,751.	4,370,465.	.803061	.803061
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total	N/A	N/A	N/A	.998690

SALES FACTOR	Apportionment Summary Worksheet (Continued)	2024
HOUSE SPIRITS DISTILLERY LLC		27-4652069

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
* Albion				
* Battle Creek				
* Benton Harbor				
* Big Rapids				
* Detroit				
* East Lansing				
* Flint				
* Grand Rapids				
* Grayling				
* Hamtramck				
* Highland Park				
* Hudson				
* Ionia				
* Jackson				
* Lansing				
* Lapeer				
* Muskegon				
* Muskegon Heights				
* Pontiac				
* Port Huron				
* Portland				
* Saginaw				
* Springfield				
* Walker				
* New York City				
* New York- MCTD1				
* New York- MCTD2 (1065 only)				

* Not included in everywhere totals

SUMMARY		Apportionment Summary Worksheet			2024
HOUSE SPIRITS DISTILLERY LLC					27-4652069
SUMMARY OF FACTORS		PROPERTY	PAYROLL	SALES	APPORTIONMENT
Alabama					
Alaska					
Arizona					
Arkansas					
California .....				.195629	.195629
Colorado					
Connecticut					
Delaware					
District of Columbia					
Florida					
Georgia					
Hawaii					
Idaho					
Illinois					
Indiana					
Iowa					
Kansas					
Kentucky					
Louisiana					
Maine					
Maryland					
Massachusetts					
Michigan					
Minnesota					
Mississippi					
Missouri					
Montana					
Nebraska					
Nevada					
New Hampshire					
New Jersey .....					.001310
New Mexico					
New York					
North Carolina					
North Dakota					
Ohio					
Oklahoma					
Oregon .....				.803061	.803061
Pennsylvania					
Rhode Island					
South Carolina					
South Dakota					
Tennessee					
Texas					
Utah					
Vermont					
Virginia					
Washington					
West Virginia					
Wisconsin					
Wyoming					
Foreign					
Other					
Total .....				.998690	1.000000

SUMMARY	Apportionment Summary Worksheet (Continued)	2024
HOUSE SPIRITS DISTILLERY LLC		27-4652069

SUMMARY OF FACTORS

	PROPERTY	PAYROLL	SALES	APPORTIONMENT
* Albion				
* Battle Creek				
* Benton Harbor				
* Big Rapids				
* Detroit				
* East Lansing				
* Flint				
* Grand Rapids				
* Grayling				
* Hamtramck				
* Highland Park				
* Hudson				
* Ionia				
* Jackson				
* Lansing				
* Lapeer				
* Muskegon				
* Muskegon Heights				
* Pontiac				
* Port Huron				
* Portland				
* Saginaw				
* Springfield				
* Walker				
* New York City				
* New York- MCTD1				
* New York- MCTD2 (1065 only)				

* Not included in everywhere totals

Form 1065 <small>Department of the Treasury Internal Revenue Service</small>		U.S. Return of Partnership Income				<small>OMB No. 1545-0123</small>	
		<small>For calendar year 2024, or tax year beginning _____, ending _____</small> Go to www.irs.gov/Form1065 for instructions and the latest information.				2024	
A Principal business activity DISTILLERY		Type or Print	Name of partnership HOUSE SPIRITS DISTILLERY LLC			D Employer identification number 27-4652069	
B Principal product or service SPIRITS			Number, street, and room or suite no. If a P.O. box, see instructions. 65 SE WASHINGTON ST			E Date business started 06/20/2011	
C Business code number 722410			City or town, state or province, country, and ZIP or foreign postal code PORTLAND OR 97214			F Total assets (see instr.) \$29,639,991.	
G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return							
H Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____							
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year 7							
J Check if Schedules C and M-3 are attached <input type="checkbox"/>							
K Check if partnership: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes							
Caution: Include only trade or business income and expenses on lines 1a through 23 below. See instructions for more information.							
Income	1 a Gross receipts or sales	4,370,465.	b Less returns and allowances		c Balance	1c	4,370,465.
	2 Cost of goods sold (attach Form 1125-A)					2	1,624,249.
	3 Gross profit. Subtract line 2 from line 1c					3	2,746,216.
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)					4	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))					5	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)					6	
	7 Other income (loss) (attach statement)					7	
	8 Total income (loss). Combine lines 3 through 7					8	2,746,216.
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)					9	3,960,225.
	10 Guaranteed payments to partners					10	
	11 Repairs and maintenance					11	19,944.
	12 Bad debts					12	
	13 Rent					13	252,604.
	14 Taxes and licenses		SEE STATEMENT 1			14	29,332.
	15 Interest (see instructions)					15	4,669.
	16 a Depreciation (if required, attach Form 4562)		STMT 3	16a	494,626.		
	b Less depreciation reported on Form 1125-A and elsewhere on return			16b	425,972.	16c	68,654.
	17 Depletion (Do not deduct oil and gas depletion.)					17	
	18 Retirement plans, etc.					18	
	19 Employee benefit programs					19	258,844.
20 Energy efficient commercial buildings deduction (attach Form 7205)					20		
21 Other deductions (attach statement)		SEE STATEMENT 2			21	8,171,771.	
22 Total deductions. Add the amounts shown in the far right column for lines 9 through 21					22	12,766,043.	
23 Ordinary business income (loss). Subtract line 22 from line 8					23	-10,019,827.	
Tax and Payment	24 Interest due under the look-back method-completed long-term contracts (attach Form 8697)					24	
	25 Interest due under the look-back method-income forecast method (attach Form 8866)					25	
	26 BBA AAR imputed underpayment (see instructions)					26	
	27 Other taxes (see instructions)					27	
	28 Total balance due. Add lines 24 through 27					28	
	29 Elective payment election amount from Form 3800					29	
	30 Payment (see instructions)					30	
	31 Amount owed. If the sum of line 29 and line 30 is smaller than line 28, enter amount owed					31	
32 Overpayment. If the sum of line 29 and line 30 is larger than line 28, enter overpayment					32		
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.						
	Signature of partner or limited liability company member			Date		May the IRS discuss this return with the preparer shown below? See instr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name KARLY TELL		Preparer's signature		Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01791864
	Firm's name IRVINE & COMPANY, CPA'S, LLC					Firm's EIN 93-1304312	
	Firm's address 345 NE 102ND AVE. PORTLAND, OR 97220-4108					Phone no. (503) 252-8449	

Form 1065 (2024)

HOUSE SPIRITS DISTILLERY LLC

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Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:				Yes	No
a <input type="checkbox"/> Domestic general partnership		b <input type="checkbox"/> Domestic limited partnership			
c <input checked="" type="checkbox"/> Domestic limited liability company		d <input type="checkbox"/> Domestic limited liability partnership			
e <input type="checkbox"/> Foreign partnership		f <input type="checkbox"/> Other			
2 At the end of the tax year:					
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership				X	
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership					X
3 At the end of the tax year, did the partnership:					
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below					X
(i) Name of corporation		(ii) Employer identification number (if any)	(iii) Country of Incorporation	(iv) Percentage owned in voting stock	
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X
(i) Name of entity	(ii) Employer identification number (if any)	(iii) Type of entity	(iv) Country of organization	(v) Maximum percentage owned in profit, loss, or capital	
4 Does the partnership satisfy all four of the following conditions?				Yes	No
a The partnership's total receipts for the tax year were less than \$250,000.					
b The partnership's total assets at the end of the tax year were less than \$ 1 million.					
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.					
d The partnership is not filing and is not required to file Schedule M-3					
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.					X
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?					X
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
8 At any time during calendar year 2024, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country					X
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions					X
10 a Is the partnership making, or had it previously made (and not revoked), a section 754 election? If "Yes," enter the effective date of the election. See instructions for details regarding a section 754 election					X
b For this tax year, did the partnership make an optional basis adjustment under section 743(b)? If "Yes," enter the total aggregate net positive amount \$ _____ and the total aggregate net negative amount \$ (_____) of such section 743(b) adjustments for all partners made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions					X

Form 1065 (2024)

HOUSE SPIRITS DISTILLERY LLC

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Schedule B Other Information (continued)		Yes	No
c	For this tax year, did the partnership make an optional basis adjustment under section 734(b)? If "Yes," enter the total aggregate net positive amount \$ _____ and the total aggregate net negative amount \$ (_____) of such section 734(b) adjustments for all partnership property made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions		X
d	For this tax year, is the partnership required to adjust the basis of partnership property under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," enter the total aggregate amount of such section 743(b) adjustments and/or section 734(b) adjustments for all partners and/or partnership property made in the tax year \$ _____. The partnership must also attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return		
16 a	Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions	X	
b	If "Yes," did you or will you file required Form(s) 1099?	X	
17	Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return		
18	Enter the number of partners that are foreign governments under section 892		
19	During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22	During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions \$ _____		X
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24	Does the partnership satisfy one or more of the following? See instructions a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. b The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$30 million and the partnership has business interest expense. c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		X
25	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$ _____		X
26	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership _____ Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
27	At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
28	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: _____ By vote _____ By value _____		X
29	Is the partnership required to file Form 7208 Excise Tax on Repurchase of Corporate Stock (see instructions): a Under the applicable foreign corporation rules?		X

Form 1065 (2024)

Page **4**

Schedule B Other Information (continued)		Yes	No
b	Under the covered surrogate foreign corporation rules? If "Yes" to either (a) or (b), complete Form 7208, See the Instructions for Form 7208.		X
30	At any time during this tax year, did the partnership (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or financial interest in a digital asset)? See instructions		X
31	Reserved for future use		
32	Check this box if an election out of subchapter K under section 761 is being made. See instructions <input type="checkbox"/>		
33	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 If "No," complete Designation of Partnership Representative below.		X

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR ASTORIA LLC			
U.S. address of PR	65 SE WASHINGTON ST PORTLAND, OR 97214	U.S. phone number of PR	503-235-3174
If the PR is an entity, name of the designated individual for the PR THOMAS MOONEY			
U.S. address of designated individual	65 SE WASHINGTON ST PORTLAND, OR 97214	U.S. phone number of designated individual	503-235-3174

Form **1065** (2024)

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 23)	1	-10,019,827.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments: a Services 4a b Capital 4b	4c	
	c Total. Add lines 4a and 4b	4c	
	5 Interest income	5	
	6 Dividends and dividend equivalents: a Ordinary dividends b Qualified dividends 6b c Dividend equivalents 6c	6a	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
	b Collectibles (28%) gain (loss) 9b		
	c Unrecaptured section 1250 gain (attach statement) 9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type:	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13a Cash contributions SEE STATEMENT 4	13a	11,142.
	b Noncash contributions	13b	
	c Investment interest expense	13c	
	d Section 59(e)(2) expenditures: (1) Type: (2) Amount	13d(2)	
e Other deductions (see instructions) Type:	13e		
Self-Employment	14a Net earnings (loss) from self-employment	14a	0.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type:	15d	
	e Other rental credits (see instructions) Type:	15e	
	f Other credits (see instructions) Type: SEE STATEMENT 5	15f	2,957.
Inter-national	16 Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items-International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>		
Alternative Minimum Tax (AMT) items	17a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses SEE STATEMENT 6	18c	107,454.
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a Investment income	20a	
	b Investment expenses	20b	
	c Other items and amounts (attach statement) STMT 7		
21 Total foreign taxes paid or accrued	21		

Analysis of Net Income (Loss) per Return

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13e, and 21						1	-10,030,969.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other	
	a General partners						
	b Limited partners			-10030969.			

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		5,455,803.		2,257,478.
2a Trade notes and accounts receivable	462,023.		243,924.	
b Less allowance for bad debts		462,023.		243,924.
3 Inventories		15,089,459.		17,105,486.
4 U.S. Government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STATEMENT 8	482,037.		459,517.
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets	7,875,971.		8,321,233.	
b Less accumulated depreciation	2,790,753.	5,085,218.	3,175,382.	5,145,851.
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)	1,366,752.		1,376,545.	
b Less accumulated amortization	739,148.	627,604.	892,650.	483,895.
13 Other assets (attach statement)	STATEMENT 9	0.		3,943,840.
14 Total assets		27,202,144.		29,639,991.
Liabilities and Capital				
15 Accounts payable		260,254.		69,077.
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)	STATEMENT 10	1,311,850.		1,894,315.
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more		75,000.		
20 Other liabilities (attach statement)	STATEMENT 11	0.		2,635,616.
21 Partners' capital accounts		25,555,040.		25,040,983.
22 Total liabilities and capital		27,202,144.		29,639,991.

Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13e, and 21, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13e, and 21 (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), per Return, line 1). Subtract line 8 from line 5	
5 Add lines 1 through 4			

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	24,970,390.	6 Distributions: a Cash	
2 Capital contributed: a Cash	9,300,000.	b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) (see instructions)	-10,030,969.	STMT 13	107,454.
4 Other increases (itemize):		8 Add lines 6 and 7	107,454.
5 Add lines 1 through 4	24,239,421.	9 Balance at end of year. Subtract line 8 from line 5	24,131,967.

Form **1125-A**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service**Cost of Goods Sold**Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
Go to www.irs.gov/Form1125A for the latest information.

OMB No. 1545-0123

Name HOUSE SPIRITS DISTILLERY LLC		Employer Identification number 27-4652069
1	Inventory at beginning of year	1 15,420,849.
2	Purchases	2 2,983,696.
3	Cost of labor	3
4	Additional section 263A costs (attach schedule) SEE STATEMENT 14	4 283,627.
5	Other costs (attach schedule) SEE STATEMENT 15	5 425,972.
6	Total. Add lines 1 through 5	6 19,114,144.
7	Inventory at end of year	7 17,489,895.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2, or the appropriate line of your tax return. See instructions	8 1,624,249.

9 a Check all methods used for valuing closing inventory. See instructions.

(i) ☐ Cost

(ii) ☒ Lower of cost or market

(iii) ☐ Other (specify method used and attach explanation) _____

For certain small business taxpayers, alternative methods of accounting for inventories:

(iv) ☐ Non-incidental materials and supplies method

(v) ☐ AFS method

(vi) ☐ Non-AFS method

b Check if there was a writedown of subnormal goods ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ☐

d (i) If the LIFO inventory method was used for this tax year, enter amount of closing inventory figured under LIFO **9d(i)** _____

(ii) If the LIFO inventory method was used for this tax year, enter amount of the closing LIFO Reserve **9d(ii)** _____

e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions ☒ Yes ☐ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 11-2024)

**SCHEDULE B-1
(Form 1065)**(Rev. August 2019)
Department of the Treasury
Internal Revenue Service**Information on Partners Owning 50% or
More of the Partnership**

▶ Attach to Form 1065.

▶ Go to www.irs.gov/Form1065 for the latest information.

OMB No. 1545-0123

Name of partnership

Employer identification number

HOUSE SPIRITS DISTILLERY LLC

27-4652069

Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
ASTORIA LLC	27-4651965	PARTNERSHIP	UNITED STATES	67.18

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 8-2019)

SCHEDULE M-3

(Form 1065)

(Rev. December 2021)
Department of the Treasury
Internal Revenue Service**Net Income (Loss) Reconciliation
for Certain Partnerships**

▶ Attach to Form 1065.

▶ Go to www.irs.gov/Form1065 for instructions and the latest information.

OMB No. 1545-0123

Name of partnership

HOUSE SPIRITS DISTILLERY LLC

Employer identification number

27-4652069**This Schedule M-3 is being filed because (check all that apply):**

- A** ☒ The amount of the partnership's total assets at the end of the tax year is equal to \$10 million or more.
- B** ☒ The amount of the partnership's adjusted total assets for the tax year is equal to \$10 million or more. If box B is checked, enter the amount of adjusted total assets for the tax year **39,778,414.**
- C** ☐ The amount of total receipts for the tax year is equal to \$35 million or more. If box C is checked, enter the total receipts for the tax year _____.
- D** ☐ An entity that is a reportable entity partner with respect to the partnership owns or is deemed to own an interest of 50% or more in the partnership's capital, profit, or loss on any day during the tax year of the partnership.

Name of Reportable Entity Partner	Identifying Number	Maximum Percentage Owned or Deemed Owned

E ☐ Voluntary filer.**Part I Financial Information and Net Income (Loss) Reconciliation****1a** Did the partnership file SEC Form 10-K for its income statement period ending with or within this tax year?

- ☐ **Yes.** Skip lines 1b and 1c and complete lines 2 through 11 with respect to that SEC Form 10-K.
- ☒ **No.** Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared.

b Did the partnership prepare a certified audited non-tax-basis income statement for that period?

- ☐ **Yes.** Skip line 1c and complete lines 2 through 11 with respect to that income statement.
- ☒ **No.** Go to line 1c.

c Did the partnership prepare a non-tax-basis income statement for that period?

- ☐ **Yes.** Complete lines 2 through 11 with respect to that income statement.
- ☒ **No.** Skip lines 2 through 3b and enter the partnership's net income (loss) per its books and records on line 4a.

2 Enter the income statement period: Beginning _____ Ending _____**3a** Has the partnership's income statement been restated for the income statement period on line 2?

- ☐ **Yes.** (If "Yes," attach a statement and the amount of each item restated.)
- ☐ **No.**

b Has the partnership's income statement been restated for any of the 5 income statement periods immediately preceding the period on line 2?

- ☐ **Yes.** (If "Yes," attach a statement and the amount of each item restated.)
- ☐ **No.**

4a Worldwide consolidated net income (loss) from income statement source identified on Part I, line 1	4a	-9,814,057.
b Indicate accounting standard used for line 4a. See instructions.		
1 <input type="checkbox"/> GAAP 2 <input type="checkbox"/> IFRS 3 <input type="checkbox"/> Section 704(b)		
4 <input type="checkbox"/> Tax-basis 5 <input type="checkbox"/> Other (specify) ▶ _____		
5a Net income from nonincludible foreign entities (attach statement)	5a	()
b Net loss from nonincludible foreign entities (attach statement and enter as a positive amount)	5b	
6a Net income from nonincludible U.S. entities (attach statement)	6a	()
b Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount)	6b	
7a Net income (loss) of other foreign disregarded entities (attach statement)	7a	
b Net income (loss) of other U.S. disregarded entities (attach statement)	7b	
8 Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach stmt.)	8	
9 Adjustment to reconcile income statement period to tax year (attach statement)	9	
10 Other adjustments to reconcile to amount on line 11 (attach statement)	10	
11 Net income (loss) per income statement of the partnership. Combine lines 4a through 10	11	-9,814,057.

Note: Part I, line 11, must equal Part II, line 26, column (a); or Form 1065, Schedule M-1, line 1. See instructions.**12** Enter the total amount (not just the partnership's share) of the assets and liabilities of all entities included or removed on the following lines.

	Total Assets	Total Liabilities
a Included on Part I, line 4	29,639,991.	4,599,008.
b Removed on Part I, line 5		
c Removed on Part I, line 6		
d Included on Part I, line 7		

For Paperwork Reduction Act Notice, see the instructions for your return.

Schedule M-3 (Form 1065) (Rev. 12-2021)

Name of partnership

HOUSE SPIRITS DISTILLERY LLC

Employer identification number

27-4652069

Part II Reconciliation of Net Income (Loss) per Income Statement of Partnership With Income (Loss) per Return

Income (Loss) Items	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
Attach statements for lines 1 through 10.				
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar income inclusions				
4 Gross foreign distributions previously taxed				
5 Income (loss) from equity method U.S. corporations				
6 U.S. dividends				
7 Income (loss) from U.S. partnerships				
8 Income (loss) from foreign partnerships				
9 Income (loss) from other pass- through entities				
10 Items relating to reportable transactions				
11 Interest income (see instructions)				
12 Total accrual to cash adjustment				
13 Hedging transactions				
14 Mark-to-market income (loss)				
15 Cost of goods sold (see instructions)	(1,393,643.)	-230,606.		(1,624,249.)
16 Sale versus lease (for sellers and/or lessors)				
17 Section 481(a) adjustments				
18 Unearned/deferred revenue				
19 Income recognition from long-term contracts				
20 Original issue discount and other imputed interest				
21a Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities				
b Gross capital gains from Schedule D, excluding amounts from pass-through entities				
c Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
d Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses ...				
e Abandonment losses				
f Worthless stock losses (attach statement)				
g Other gain/loss on disposition of assets other than inventory Other income (loss) items with differences (attach statement)				
22				
23 Total income (loss) items. Combine lines 1 through 22	-1,393,643.	-230,606.		-1,624,249.
24 Total expense/deduction items. (From Part III, line 31) (see instructions)	-4,614,283.	-93,760.	107,454.	-4,600,589.
25 Other items with no differences STMT 16	-3,806,131.			-3,806,131.
26 Reconciliation totals. Combine lines 23 through 25	-9,814,057.	-324,366.	107,454.	-10,030,969.

Note: Line 26, column (a), must equal Part I, line 11, and column (d) must equal Form 1065, Analysis of Net Income (Loss), line 1.

Name of partnership HOUSE SPIRITS DISTILLERY LLC	Employer identification number 27-4652069
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Part III Reconciliation of Net Income (Loss) per Income Statement of Partnership With Income (Loss) per Return - Expense/Deduction Items

Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 State and local current income tax expense				
2 State and local deferred income tax expense				
3 Foreign current income tax expense (other than foreign withholding taxes)				
4 Foreign deferred income tax expense				
5 Equity-based compensation				
6 Meals and entertainment STMT 18	208,994.		-104,497.	104,497.
7 Fines and penalties				
8 Judgments, damages, awards, and similar costs				
9 Guaranteed payments				
10 Pension and profit-sharing				
11 Other post-retirement benefits				
12 Deferred compensation				
13 Charitable contribution of cash and tangible property STMT 19	11,142.			11,142.
14 Charitable contribution of intangible property				
15 Organizational expenses as per Regulations section 1.709-2(a)				
16 Syndication expenses as per Regulations section 1.709-2(b) ..				
17 Current year acquisition/reorganization investment banking fees				
18 Current year acquisition/reorganization legal and accounting fees				
19 Amortization/impairment of goodwill				
20 Amortization of acquisition, reorganization, and start-up costs				
21 Other amortization or impairment write-offs STMT 20	153,502.	17,230.		170,732.
22 Reserved for future use				
23a Depletion - oil & gas				
b Depletion - other than oil & gas				
24 Intangible drilling and development costs (IDC)				
25 Depreciation	-41,343.	109,997.		68,654.
26 Bad debt expense				
27 Interest expense (see instructions)	4,669.			4,669.
28 Purchase versus lease (for purchasers and/or lessees)				
29 Research and development costs				
30 Other expense/deduction items with differences (attach statement) STMT 21	4,277,319.	-33,467.	-2,957.	4,240,895.
31 Total expense/deduction items. Combine lines 1 through 30. Enter here and on Part II, line 24, reporting positive amounts as negative and negative amounts as positive	4,614,283.	93,760.	-107,454.	4,600,589.

Schedule M-3 (Form 1065) (Rev. 12-2021)

Form 4562 Department of the Treasury Internal Revenue Service Name(s) shown on return	Depreciation and Amortization (Including Information on Listed Property) OTHER Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.	OMB No. 1545-0172 <div style="font-size: 2em; font-weight: bold;">2024</div> Attachment Sequence No. 179 Identifying number 27-4652069
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HOUSE SPIRITS DISTILLERY LLC

Part I Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,220,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II** Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2024	17	66,931.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		12,058.	7 YRS	HY	200DB	1,723.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 30-year	/		30 yrs.	MM	S/L
d 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	68,654.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2024)

HOUSE SPIRITS DISTILLERY LLC

27-4652069 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2024 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2024 tax year**43**

170,732.

44 **Total.** Add amounts in column (f). See the instructions for where to report**44**

170,732.

Form 4562 Department of the Treasury Internal Revenue Service Name(s) shown on return	Depreciation and Amortization (Including Information on Listed Property) COGS Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.	OMB No. 1545-0172 2024 Attachment Sequence No. 179
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HOUSE SPIRITS DISTILLERY LLC

Business or activity to which this form relates

Identifying number

27-4652069

Part I Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,220,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II** Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2024	17	411,887.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property		345,492.	15 YRS	HY	SL	11,505.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life		87,712.	17	HY	S/L	2,580.
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	425,972.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2024)

HOUSE SPIRITS DISTILLERY LLC

27-4652069 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2024 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2024 tax year**43****44** **Total.** Add amounts in column (f). See the instructions for where to report**44**

Form 8846 Department of the Treasury Internal Revenue Service	Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips Attach to your tax return. Go to www.irs.gov/Form8846 for the latest information.	OMB No. 1545-0123 2024 Attachment Sequence No. 846
Name(s) shown on return HOUSE SPIRITS DISTILLERY LLC		Identifying number 27-4652069

Note: Claim this credit **only** for employer social security and Medicare taxes paid by a food or beverage employer where tipping is customary for providing food or beverages. See the instructions for line 1.

1 Tips received by employees for services on which you paid or incurred employer social security and Medicare taxes during the tax year (see instructions)	1	38,660.
2 Tips not subject to the credit provisions (see instructions)	2	
3 Creditable tips. Subtract line 2 from line 1	3	38,660.
4 Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded \$168,600, see instructions and check here <input type="checkbox"/>	4	2,957.
5 Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations	5	
6 Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 4f	6	2,957.

For Paperwork Reduction Act Notice, see instructions.

Form **8846** (2024)

Form **8916-A**
(Rev. November 2019)
Department of the Treasury
Internal Revenue Service

Supplemental Attachment to Schedule M-3

► Attach to Schedule M-3 for Form 1065, 1120, 1120-L, 1120-PC, or 1120-S.
► Go to www.irs.gov/Form1120 for the latest information.

OMB No. 1545-0123

Name of common parent HOUSE SPIRITS DISTILLERY LLC	Employer identification number 27-4652069
Name of subsidiary	Employer identification number

Part I Cost of Goods Sold

Cost of Goods Sold Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 Amounts attributable to cost flow assumptions				
2 Amounts attributable to:				
a Stock option expense				
b Other equity-based compensation				
c Meals and entertainment				
d Parachute payments				
e Compensation with section 162(m) limitation				
f Pension and profit sharing				
g Other post-retirement benefits				
h Deferred compensation				
i Reserved				
j Amortization				
k Depletion				
l Depreciation	425,972.			425,972.
m Corporate-owned life insurance premiums ... SEE STATEMENT 23				
n Other section 263A costs		283,627.		283,627.
3 Inventory shrinkage accruals				
4 Excess inventory and obsolescence reserves				
5 Lower of cost or market write-downs				
SEE STATEMENT 25				
6 Other items with differences (attach statement) SEE STATEMENT 24	-2,016,025.	-53,021.		-2,069,046.
7 Other items with no differences	2,983,696.			2,983,696.
8 Total cost of goods sold. Add lines 1 through 7 in columns a, b, c, and d. Enter totals on the applicable Schedule M-3. See instructions ...	1,393,643.	230,606.		1,624,249.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8916-A** (Rev. 11-2019)

Part II Interest Income

	Interest Income Item	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1	Tax-exempt interest income				
2	Interest income from hybrid securities				
3	Sale/lease interest income				
4a	Intercompany interest income - From outside tax affiliated group				
4b	Intercompany interest income - From tax affiliated group				
5	Other interest income				
6	Total interest income. Add lines 1 through 5 in columns a, b, c, and d. Enter total on the applicable Schedule M-3. See instructions.				

Part III Interest Expense

	Interest Expense Item	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1	Interest expense from hybrid securities				
2	Lease/purchase interest expense				
3a	Intercompany interest expense - Paid to outside tax affiliated group				
3b	Intercompany interest expense - Paid to tax affiliated group				
4	Other interest expense STMT 26	4,669.			4,669.
5	Total interest expense. Add lines 1 through 4 in columns a, b, c, and d. Enter total on the applicable Schedule M-3. See instructions.	4,669.			4,669.

Form **8916-A** (Rev. 11-2019)

Worksheet for Adjusted Current Earnings Adjustments

Name of partnership		Employer identification number
HOUSE SPIRITS DISTILLERY LLC		27-4652069
1. Additions to AMTI:		
a. Depreciation recomputed for AMT purposes	494,626.	
b. Tax-exempt interest income		
c. Amortization of IRC 173		
d. Depletion for post-1989 properties		
e. Intangible drilling costs deducted from AMTI		
f. Total additions to AMTI		494,626.
2. Deductions:		
a. Depreciation recomputed for ACE purposes	494,626.	
b. Depletion recomputed for ACE purposes		
c. ACE intangible drilling costs		
d. Total deductions		494,626.
3. Other adjustments:		
a. Basis adjustments from sales or exchanges		
b. Other adjustments		
c. Total other adjustments		
4. Total adjustments to AMTI for ACE calculation. Combine lines 1f, 2d and 3c		0.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

House Spirits Distillery LLC
65 SE WASHINGTON ST
Portland, OR 97214

Employer Identification Number: 27-4652069

For the Year Ending December 31, 2024

House Spirits Distillery LLC is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

FORM 1065	TAX EXPENSE	STATEMENT	1
DESCRIPTION		AMOUNT	
LESS FORM 8846 CREDIT		-2,957.	
PROPERTY TAX		32,289.	
TOTAL TO FORM 1065, LINE 14		29,332.	

FORM 1065	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
ADVERTISING		2,218,919.	
AMORTIZATION EXPENSE		170,732.	
AUTO		21,856.	
BANK FEES		90,936.	
DUES & SUBSCRIPTIONS		138,613.	
EXCESS PRODUCTION COSTS		894,589.	
INSURANCE		283,627.	
INSURANCE-EMPLOYEES		107,690.	
INVENTORY WRITE OFF		41,145.	
LICENSES & FEES		88,822.	
MEALS		104,497.	
MISC		32,337.	
PAYROLL TAXES		288,182.	
POSTAGE & DELIVERY		257,074.	
PROFESSIONAL FEES		2,906,956.	
PROMOTION		4,956.	
SUPPLIES		188,340.	
TELEPHONE		31,874.	
TRAVEL		196,084.	
UTILITIES		17,473.	
WORKERS COMP		87,069.	
TOTAL TO FORM 1065, LINE 21		8,171,771.	

FORM 1065 TRADE OR BUSINESS DEPRECIATION STATEMENT 3

DESCRIPTION	REPORTED ELSEWHERE	REPORTED ON PAGE 1
DEPRECIATION - TRADE OR BUSINESS		68,654.
DEPRECIATION - COST OF GOODS SOLD	425,972.	
TOTAL TO FORM 1065, PAGE 1, LINES 16B AND 16C	425,972.	68,654.

SCHEDULE K CHARITABLE CONTRIBUTIONS STATEMENT 4

DESCRIPTION	TYPE	AMOUNT
CASH	CASH (60%)	11,142.
TOTALS TO SCHEDULE K, LINE 13A		11,142.

SCHEDULE K OTHER CREDITS STATEMENT 5

DESCRIPTION	AMOUNT
CREDIT FOR EMPLOYER SOCIAL SECURITY AND MEDICARE TAXES	2,957.
TOTAL TO SCHEDULE K, LINE 15F	2,957.

SCHEDULE K NONDEDUCTIBLE EXPENSE STATEMENT 6

DESCRIPTION	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	104,497.
TAX DEDUCTION ADJUSTMENT FOR FORM 8846	2,957.
TOTAL TO SCHEDULE K, LINE 18C	107,454.

SCHEDULE K	OTHER ITEMS	STATEMENT	7
DESCRIPTION		AMOUNT	
AGGREGATE BUSINESS ACTIVITY GROSS INCOME OR GAIN		2,746,216.	
AGGREGATE BUSINESS ACTIVITY DEDUCTIONS		12,766,043.	
SECTION 199A - ORDINARY INCOME (LOSS)		-10,019,827.	
SECTION 199A W-2 WAGES		4,977,679.	
SECTION 199A UNADJUSTED BASIS OF ASSETS		8,236,501.	
BUSINESS INTEREST EXPENSE		4,669.	

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT	8
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
PREPAIDS	482,037.	459,517.	
TOTAL TO SCHEDULE L, LINE 6	482,037.	459,517.	

SCHEDULE L	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
RIGHT-OF-USE ASSETS	0.	3,943,840.	
TOTAL TO SCHEDULE L, LINE 13	0.	3,943,840.	

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	10
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
ACCRUED LIABILITIES	482,161.	198,823.	
CREDIT CARDS	78,894.	39,043.	
LEASE LIABILITIES CURRENT PORTION	0.	1,318,741.	
PAYROLL LIABILITIES	750,795.	337,708.	
TOTAL TO SCHEDULE L, LINE 17	1,311,850.	1,894,315.	

SCHEDULE L	OTHER LIABILITIES	STATEMENT	11
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
LEASE LIABILITIES, LESS CURRENT PORTION	0.	2,635,616.	
TOTAL TO SCHEDULE L, LINE 20	0.	2,635,616.	

FORM 1065	PARTNERS' CAPITAL ACCOUNT SUMMARY				STATEMENT 12
PARTNER NUMBER	BEGINNING CAPITAL	CAPITAL CONTRIBUTED	SCHEDULE M-2 LNS 3, 4 & 7	WITH- DRAWALS	ENDING CAPITAL
1	0.		0.		0.
4	0.		0.		0.
5	0.		0.		0.
6	0.		0.		0.
7	-701,272.		0.		-701,272.
8	0.		0.		0.
9	25,671,662.	9,300,000.	-10,138,423.		24,833,239.
TOTAL	24,970,390.	9,300,000.	-10,138,423.		24,131,967.

SCHEDULE M-2	OTHER DECREASES	STATEMENT	13
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DESCRIPTION	AMOUNT
NONDEDUCTIBLE EXPENSES	107,454.
TOTAL TO SCHEDULE M-2, LINE 7	107,454.

FORM 1125-A	ADDITIONAL SECTION 263A COSTS	STATEMENT	14
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DESCRIPTION	AMOUNT
INSURANCE	283,627.
TOTAL TO LINE 4	283,627.

FORM 1125-A	OTHER COSTS	STATEMENT	15
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DESCRIPTION	AMOUNT
DEPRECIATION	425,972.
TOTAL TO LINE 5	425,972.

SCHEDULE M-3	OTHER INCOME (LOSS) AND EXPENSE / DEDUCTION ITEMS WITH NO DIFFERENCES	STATEMENT	16
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DESCRIPTION	PER INCOME STATEMENT	PER TAX RETURN
OTHER INCOME (LOSS) - SEE STATEMENT	4,370,465.	4,370,465.
OTHER EXPENSE / DEDUCTION - SEE STATEMENT	-8,176,596.	-8,176,596.
TOTAL TO SCHEDULE M-3, PART II, LINE 25	-3,806,131.	-3,806,131.

SCHEDULE M-3 OTHER INCOME (LOSS) ITEMS WITH NO DIFFERENCES STATEMENT 17

DESCRIPTION	INCOME (LOSS) PER INCOME STATEMENT	INCOME (LOSS) PER TAX RETURN
SALES	4,370,465.	4,370,465.
TOTAL TO SCHEDULE M-3, PART II, LINE 25	4,370,465.	4,370,465.

SCHEDULE M-3 MEALS AND ENTERTAINMENT STATEMENT 18

DESCRIPTION	EXPENSE PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	DEDUCTION PER TAX RETURN
MEALS AND ENTERTAINMENT FROM TRADE OR BUSINESS	208,994.		-104,497.	104,497.
TOTAL	208,994.		-104,497.	104,497.

SCHEDULE M-3 CHARITABLE CONTRIBUTION OF CASH
AND TANGIBLE PROPERTY STATEMENT 19

DESCRIPTION	EXPENSE/ DEDUCTION PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	EXPENSE/ DEDUCTION PER TAX RETURN
CASH	11,142.		0.	11,142.
TOTAL	11,142.		0.	11,142.

SCHEDULE M-3	OTHER AMORTIZATION OR IMPAIRMENT WRITE-OFFS	STATEMENT 20
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DESCRIPTION	EXPENSE PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	DEDUCTION PER TAX RETURN
OTHER AMORTIZATION	153,502.	17,230.	0.	170,732.
TOTAL	153,502.	17,230.	0.	170,732.

SCHEDULE M-3	OTHER EXPENSE/DEDUCTION ITEMS WITH DIFFERENCES	STATEMENT 21
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DESCRIPTION	EXPENSE/ DEDUCTION PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	EXPENSE/ DEDUCTION PER TAX RETURN
FORM 8846 CREDIT	0.		-2,957.	-2,957.
INSURANCE	567,254.	-283,627.	0.	283,627.
SALARIES AND WAGES	3,710,065.	250,160.	0.	3,960,225.
TOTAL TO M-3, PART III, LINE 30	4,277,319.	-33,467.	-2,957.	4,240,895.

SCHEDULE M-3	OTHER EXPENSE/DEDUCTION ITEMS WITH NO DIFFERENCES	STATEMENT 22
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DESCRIPTION	EXPENSE/ DEDUCTION PER INCOME STATEMENT	EXPENSE/ DEDUCTION PER TAX RETURN
ADVERTISING	2,218,919.	2,218,919.
AUTO	21,856.	21,856.
BANK FEES	90,936.	90,936.
DUES & SUBSCRIPTIONS	138,613.	138,613.
EMPLOYEE BENEFIT PROGRAMS	258,844.	258,844.
EXCESS PRODUCTION COSTS	894,589.	894,589.
INSURANCE-EMPLOYEES	107,690.	107,690.
INVENTORY WRITE OFF	41,145.	41,145.
LICENSES & FEES	88,822.	88,822.
MISC	32,337.	32,337.
PAYROLL TAXES	288,182.	288,182.
POSTAGE & DELIVERY	257,074.	257,074.
PROFESSIONAL FEES	2,906,956.	2,906,956.
PROMOTION	4,956.	4,956.

HOUSE SPIRITS DISTILLERY LLC

27-4652069

PROPERTY TAX	32,289.	32,289.
RENT EXPENSE	252,604.	252,604.
REPAIRS	19,944.	19,944.
SUPPLIES	188,340.	188,340.
TELEPHONE	31,874.	31,874.
TRAVEL	196,084.	196,084.
UTILITIES	17,473.	17,473.
WORKERS COMP	87,069.	87,069.
TOTAL TO SCHEDULE M-3, PART II, LINE 25	8,176,596.	8,176,596.

FORM 8916-A	OTHER SECTION 263A COSTS	STATEMENT 23
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DESCRIPTION	PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	PER TAX RETURN
INSURANCE	0.	283,627.	0.	283,627.
TOTAL TO LINE 2N	0.	283,627.	0.	283,627.

FORM 8916-A	OTHER ITEMS WITH NO DIFFERENCES	STATEMENT 24
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DESCRIPTION	PER INCOME STATEMENT	PER TAX RETURN
PURCHASES	2,983,696.	2,983,696.
TOTAL TO LINE 7	2,983,696.	2,983,696.

FORM 8916-A	OTHER ITEMS WITH DIFFERENCES	STATEMENT 25
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DESCRIPTION	PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	PER TAX RETURN
BEGINNING INVENTORY	15,089,459.	331,390.	0.	15,420,849.
ENDING INVENTORY	-17105484.	-384,411.	0.	-17489895.
TOTAL TO LINE 6	-2,016,025.	-53,021.	0.	-2,069,046.

FORM 8916-A	OTHER INTEREST EXPENSE			STATEMENT 26
DESCRIPTION	PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	PER TAX RETURN
INTEREST EXPENSE FROM TRADE OR BUSINESS	4,669.	0.	0.	4,669.
TOTAL TO PART III, LINE 4	4,669.	0.	0.	4,669.

651123

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

For calendar year 2024, or tax year

2024☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number
27-4652069**B** Partnership's name, address, city, state, and ZIP codeHOUSE SPIRITS DISTILLERY LLC
65 SE WASHINGTON ST
PORTLAND, OR 97214**C** IRS center where partnership filed return:
E-FILE**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
27-4651965**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.ASTORIA LLC
65 SE WASHINGTON ST
PORTLAND, OR 97214**G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member**H1** ☒ Domestic partner ☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **PARTNERSHIP****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	67.1828936%	67.1828936%
Loss	67.1828936%	67.1828936%
Capital	67.1829025%	67.1829025%

Check if decrease is due to:

☐ Sale or ☐ Exchange of partnership interest. See instructions.**K1** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 0.	\$ 0.

K2 Check this box if Item K-1 includes liability amounts from lower-tier partnerships ☐**K3** Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐**L Partner's Capital Account Analysis**

Beginning capital account	\$
Capital contributed during the year	\$
Current year net income (loss)	\$
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$()
Ending capital account	\$ 0.

M Did the partner contribute property with a built-in gain (loss)?
☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$
Ending	\$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss) 0.	14 Self-employment earnings (loss) A 0.
2 Net rental real estate income (loss)	15 Credits
3 Other net rental income (loss)	16 Schedule K-3 is attached if checked <input type="checkbox"/>
4a Guaranteed payments for services	17 Alternative min tax (AMT) items
4b Guaranteed payments for capital	
4c Total guaranteed payments	
5 Interest income	18 Tax-exempt income and nondeductible expenses
6a Ordinary dividends	
6b Qualified dividends	
6c Dividend equivalents	19 Distributions
7 Royalties	20 Other information
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	21 Foreign taxes paid or accrued
13 Other deductions	
22 <input type="checkbox"/> More than one activity for at-risk purposes*	
23 <input type="checkbox"/> More than one activity for passive activity purposes*	

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1

SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

Client Copy

Partner Basis Worksheet

Partner Number: 1	Partner ID Number: 27-4651965
Partner Name: ASTORIA LLC	Ownership Percentage: 67.1829%
Partnership Name: HOUSE SPIRITS DISTILLERY LLC	Partnership ID Number: 27-4652069
	Year Ended: DECEMBER 31, 2024

Increases:

1. Adjusted basis at the end of the prior year (not less than zero)	1.	0.
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (not less than zero)	2.	
3. Partner's share of partnership liabilities (current year Item K, Schedule K-1 and increased share)	3.	
a. Less: Liabilities included in line 1 above (prior year Item K)	3a.	
4. Items of income or gain this year including tax-exempt income		
a. Ordinary business income	a.	
b. Net rental real estate income	b.	
c. Other net rental income	c.	
d. Interest income	d.	
e. Ordinary dividends	e.	
f. Royalties	f.	
g. Net short-term capital gain	g.	
h. Net long-term capital gain	h.	
i. Net gain under Section 1231	i.	
j. Other income	j.	
k. Tax-exempt income	k.	
l. Other increases:	l.	
Total income and gain (Add 4(a) through 4(l))	4.	
5. Gain (if any) recognized this year on contribution of property to partnership (other than gain from transfer of liabilities)	5.	
6. Depletion (other than oil and gas) in excess of basis	6.	
Total increases (Add lines 2 through 6)		

Decreases:

7. Withdrawals and distributions during the year	7.	
8. Partner's share of partnership liabilities (current year Item K, Sch K-1 and decreased share)	8.	
a. Less: Liabilities included in line 1 above (prior year Item K)	8a.	
9. Nondeductible expenses	9.	
10. Partnership losses and deductions:		
a. Ordinary business (loss)	a.	
b. Net rental real estate (loss)	b.	
c. Other net rental (loss)	c.	
d. Net short-term capital (loss)	d.	
e. Net long-term capital (loss)	e.	
f. Net loss under Section 1231	f.	
g. Other deductions	g.	
h. Charitable contributions	h.	
i. Section 179 deduction	i.	
j. Foreign taxes paid or accrued	j.	
k. Other decreases:	k.	
l. Disallowed prior year's losses and deductions	l.	
11. Oil and gas depletion (not to exceed your allocable share of the adjusted basis of the property)	11.	
Total decreases (Add 10(a) through 10(k) and line 11)		
12. Adjusted Basis of partnership interest (If less than zero, enter zero)	12.	0.

Gain on Distributions:

13. a. Cash distributions	a.	
b. Less: basis before distributions and allocable loss	b.	
c. Gain on distribution	c.	

Carryover:

14. a. Prior year loss	a.	
b. Add: Losses and deductions this year	b.	
c. Less: Applied this year	c.	
d. End of year (not less than 0)	d.	0.

651123

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

For calendar year 2024, or tax year

2024☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number
27-4652069**B** Partnership's name, address, city, state, and ZIP code**HOUSE SPIRITS DISTILLERY LLC**
65 SE WASHINGTON ST
PORTLAND, OR 97214**C** IRS center where partnership filed return:
E-FILE**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.**CHRISTIAN KROGSTAD****G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member**H1** ☒ Domestic partner ☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **INDIVIDUAL****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	0.0000000%	0.0000000%
Loss	0.0000000%	0.0000000%
Capital	0.0000000%	0.0000000%

Check if decrease is due to:

☐ Sale or ☐ Exchange of partnership interest. See instructions.**K1** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 0.	\$ 0.

K2 Check this box if Item K-1 includes liability amounts from lower-tier partnerships ☐**K3** Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐**L Partner's Capital Account Analysis**

Beginning capital account	\$
Capital contributed during the year	\$
Current year net income (loss)	\$
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$()
Ending capital account	\$ 0.

M Did the partner contribute property with a built-in gain (loss)?
☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$
Ending	\$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss) 0.	14 Self-employment earnings (loss) A 0.
2 Net rental real estate income (loss)	15 Credits
3 Other net rental income (loss)	
4a Guaranteed payments for services	16 Schedule K-3 is attached if checked <input type="checkbox"/>
4b Guaranteed payments for capital	17 Alternative min tax (AMT) items
4c Total guaranteed payments	
5 Interest income	18 Tax-exempt income and nondeductible expenses
6a Ordinary dividends	
6b Qualified dividends	
6c Dividend equivalents	19 Distributions
7 Royalties	20 Other information
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	21 Foreign taxes paid or accrued
13 Other deductions	
22 <input type="checkbox"/> More than one activity for at-risk purposes*	
23 <input type="checkbox"/> More than one activity for passive activity purposes*	

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1

SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

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Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

For calendar year 2024, or tax year

2024☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number
27-4652069**B** Partnership's name, address, city, state, and ZIP code**HOUSE SPIRITS DISTILLERY LLC**
65 SE WASHINGTON ST
PORTLAND, OR 97214**C** IRS center where partnership filed return:
E-FILE**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.**JOHN A TICE****G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member**H1** ☒ Domestic partner ☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **INDIVIDUAL****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	0.0000000%	0.0000000%
Loss	0.0000000%	0.0000000%
Capital	0.0000000%	0.0000000%

Check if decrease is due to:

☐ Sale or ☐ Exchange of partnership interest. See instructions.**K1** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 0.	\$ 0.

K2 Check this box if Item K-1 includes liability amounts from lower-tier partnerships ☐**K3** Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐**L Partner's Capital Account Analysis**

Beginning capital account	\$
Capital contributed during the year	\$
Current year net income (loss)	\$
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$()
Ending capital account	\$ 0.

M Did the partner contribute property with a built-in gain (loss)?
☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$
Ending	\$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss) 0.	14 Self-employment earnings (loss) A 0.
2 Net rental real estate income (loss)	15 Credits
3 Other net rental income (loss)	
4a Guaranteed payments for services	16 Schedule K-3 is attached if checked <input type="checkbox"/>
4b Guaranteed payments for capital	17 Alternative min tax (AMT) items
4c Total guaranteed payments	
5 Interest income	18 Tax-exempt income and nondeductible expenses
6a Ordinary dividends	
6b Qualified dividends	
6c Dividend equivalents	19 Distributions
7 Royalties	20 Other information
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	21 Foreign taxes paid or accrued
13 Other deductions	
22 <input type="checkbox"/> More than one activity for at-risk purposes*	
23 <input type="checkbox"/> More than one activity for passive activity purposes*	

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1

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Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

For calendar year 2024, or tax year

2024☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number
27-4652069**B** Partnership's name, address, city, state, and ZIP code**HOUSE SPIRITS DISTILLERY LLC**
65 SE WASHINGTON ST
PORTLAND, OR 97214**C** IRS center where partnership filed return:
E-FILE**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.**BROOKE ARTHUR****G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member**H1** ☒ Domestic partner ☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **INDIVIDUAL****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	0.0000000%	0.0000000%
Loss	0.0000000%	0.0000000%
Capital	0.0000000%	0.0000000%

Check if decrease is due to:

☐ Sale or ☐ Exchange of partnership interest. See instructions.**K1** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 0.	\$ 0.

K2 Check this box if Item K-1 includes liability amounts from lower-tier partnerships ☐**K3** Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐**L Partner's Capital Account Analysis**

Beginning capital account	\$
Capital contributed during the year	\$
Current year net income (loss)	\$
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$()
Ending capital account	\$ 0.

M Did the partner contribute property with a built-in gain (loss)?
☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$
Ending	\$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss) 0.	14 Self-employment earnings (loss) A 0.
2 Net rental real estate income (loss)	15 Credits
3 Other net rental income (loss)	
4a Guaranteed payments for services	16 Schedule K-3 is attached if checked <input type="checkbox"/>
4b Guaranteed payments for capital	17 Alternative min tax (AMT) items
4c Total guaranteed payments	
5 Interest income	18 Tax-exempt income and nondeductible expenses
6a Ordinary dividends	
6b Qualified dividends	
6c Dividend equivalents	19 Distributions
7 Royalties	20 Other information
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	21 Foreign taxes paid or accrued
13 Other deductions	
22 <input type="checkbox"/> More than one activity for at-risk purposes*	
23 <input type="checkbox"/> More than one activity for passive activity purposes*	

*See attached statement for additional information.

For IRS Use Only

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Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

For calendar year 2024, or tax year

2024☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number
27-4652069**B** Partnership's name, address, city, state, and ZIP code**HOUSE SPIRITS DISTILLERY LLC**
65 SE WASHINGTON ST
PORTLAND, OR 97214**C** IRS center where partnership filed return:
E-FILE**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.**CHRISTIAN KROGSTAD****G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member**H1** ☒ Domestic partner ☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **INDIVIDUAL****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	0.0000000%	0.0000000%
Loss	0.0000000%	0.0000000%
Capital	0.0000000%	0.0000000%

Check if decrease is due to:

☐ Sale or ☐ Exchange of partnership interest. See instructions.**K1** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 0.	\$ 0.

K2 Check this box if Item K-1 includes liability amounts from lower-tier partnerships ☐**K3** Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐**L Partner's Capital Account Analysis**

Beginning capital account	\$ -701,272.
Capital contributed during the year	\$
Current year net income (loss)	\$ 0.
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$ ()
Ending capital account	\$ -701,272.

M Did the partner contribute property with a built-in gain (loss)?
☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$
Ending	\$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss) 0.	14 Self-employment earnings (loss) A 0.
2 Net rental real estate income (loss)	15 Credits
3 Other net rental income (loss)	
4a Guaranteed payments for services	16 Schedule K-3 is attached if checked <input type="checkbox"/>
4b Guaranteed payments for capital	17 Alternative min tax (AMT) items
4c Total guaranteed payments	
5 Interest income	18 Tax-exempt income and nondeductible expenses
6a Ordinary dividends	
6b Qualified dividends	
6c Dividend equivalents	19 Distributions
7 Royalties	20 Other information
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	21 Foreign taxes paid or accrued
13 Other deductions	
22 <input type="checkbox"/> More than one activity for at-risk purposes*	
23 <input type="checkbox"/> More than one activity for passive activity purposes*	

*See attached statement for additional information.

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SCHEDULE K-1

SCHEDULE K-3 NOTIFICATION

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Partner Basis Worksheet

Partner Number: 7	Partner ID Number: XXXXXXXXXX
Partner Name: CHRISTIAN KROGSTAD	Ownership Percentage:
Partnership Name: HOUSE SPIRITS DISTILLERY LLC	Partnership ID Number: 27-4652069
	Year Ended: DECEMBER 31, 2024

Increases:

1. Adjusted basis at the end of the prior year (not less than zero)	1.	0.
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (not less than zero)	2.	
3. Partner's share of partnership liabilities (current year Item K, Schedule K-1 and increased share)	3.	
a. Less: Liabilities included in line 1 above (prior year Item K)	3a.	
4. Items of income or gain this year including tax-exempt income		
a. Ordinary business income	a.	
b. Net rental real estate income	b.	
c. Other net rental income	c.	
d. Interest income	d.	
e. Ordinary dividends	e.	
f. Royalties	f.	
g. Net short-term capital gain	g.	
h. Net long-term capital gain	h.	
i. Net gain under Section 1231	i.	
j. Other income	j.	
k. Tax-exempt income	k.	
l. Other increases:	l.	
Total income and gain (Add 4(a) through 4(l))	4.	
5. Gain (if any) recognized this year on contribution of property to partnership (other than gain from transfer of liabilities)	5.	
6. Depletion (other than oil and gas) in excess of basis	6.	
Total increases (Add lines 2 through 6)		

Decreases:

7. Withdrawals and distributions during the year	7.	
8. Partner's share of partnership liabilities (current year Item K, Sch K-1 and decreased share)	8.	
a. Less: Liabilities included in line 1 above (prior year Item K)	8a.	
9. Nondeductible expenses	9.	
10. Partnership losses and deductions:		
a. Ordinary business (loss)	a.	
b. Net rental real estate (loss)	b.	
c. Other net rental (loss)	c.	
d. Net short-term capital (loss)	d.	
e. Net long-term capital (loss)	e.	
f. Net loss under Section 1231	f.	
g. Other deductions	g.	
h. Charitable contributions	h.	
i. Section 179 deduction	i.	
j. Foreign taxes paid or accrued	j.	
k. Other decreases:	k.	
l. Disallowed prior year's losses and deductions	l.	701,272.
11. Oil and gas depletion (not to exceed your allocable share of the adjusted basis of the property)	11.	
Total decreases (Add 10(a) through 10(k) and line 11)		701,272.
12. Adjusted Basis of partnership interest (If less than zero, enter zero)	12.	0.

Gain on Distributions:

13. a. Cash distributions	a.	
b. Less: basis before distributions and allocable loss	b.	
c. Gain on distribution	c.	

Carryover:

14. a. Prior year loss	a.	701,272.
b. Add: Losses and deductions this year	b.	
c. Less: Applied this year	c.	0.
d. End of year (not less than 0)	d.	701,272.

Allocation of Losses and Deductions

Partner Number: 7	Year Ended: DECEMBER 31, 2024
Partner Name: CHRISTIAN KROGSTAD	Partner ID Number: XXXXXXXXXX

	(a) Beginning of Year and Current Year Losses and Deductions	(b) %	(c) Allowable Losses and Deductions in Current Year	(d) Disallowed Losses and Deductions (Carryover to Next Year)
Ordinary business (loss)	653,543.	95.368337		653,543.
Net rental real estate (loss)				
Other net rental (loss)				
Net short-term capital (loss)				
Net long-term capital (loss)				
Net loss under Section 1231	1,090.	.159058		1,090.
Other deductions	338.	.049323		338.
Charitable contributions				
Section 179 deduction				
Foreign taxes paid or accrued				
Other decreases	30,312.	4.423282		30,312.
Total deductible losses and deductions	685,283.	100.000000		685,283.
Nondeductible expenses	15,989.	100.000000		15,989.
Oil and gas depletion				
Total nondeductible expenses and oil and gas depletion	15,989.	100.000000		15,989.
Totals	701,272.			701,272.

651123

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

For calendar year 2024, or tax year

2024☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number
27-4652069**B** Partnership's name, address, city, state, and ZIP code**HOUSE SPIRITS DISTILLERY LLC**
65 SE WASHINGTON ST
PORTLAND, OR 97214**C** IRS center where partnership filed return:
E-FILE**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
81-3718161**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.**LIQUOR INVESTMENT LLC**
801 MAIN AVENUE
NORWALK, CT 06851**G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member**H1** ☒ Domestic partner ☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **PARTNERSHIP****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	32.8171064%	32.8171064%
Loss	32.8171064%	32.8171064%
Capital	32.8170975%	32.8170975%

Check if decrease is due to:

☐ Sale or ☐ Exchange of partnership interest. See instructions.**K1** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 0.	\$ 0.

K2 Check this box if Item K-1 includes liability amounts from lower-tier partnerships ☐**K3** Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐**L Partner's Capital Account Analysis**

Beginning capital account	\$
Capital contributed during the year	\$
Current year net income (loss)	\$
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$()
Ending capital account	\$ 0.

M Did the partner contribute property with a built-in gain (loss)?
☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$
Ending	\$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss) 0.	14 Self-employment earnings (loss) A 0.
2 Net rental real estate income (loss)	15 Credits
3 Other net rental income (loss)	
4a Guaranteed payments for services	16 Schedule K-3 is attached if checked <input type="checkbox"/>
4b Guaranteed payments for capital	17 Alternative min tax (AMT) items
4c Total guaranteed payments	
5 Interest income	18 Tax-exempt income and nondeductible expenses
6a Ordinary dividends	
6b Qualified dividends	
6c Dividend equivalents	19 Distributions
7 Royalties	20 Other information
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	21 Foreign taxes paid or accrued
13 Other deductions	
22 <input type="checkbox"/> More than one activity for at-risk purposes*	
23 <input type="checkbox"/> More than one activity for passive activity purposes*	

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1

SCHEDULE K-3 NOTIFICATION

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Partner Basis Worksheet

Partner Number: 8	Partner ID Number: 81-3718161
Partner Name: LIQUOR INVESTMENT LLC	Ownership Percentage: 32.8171%
Partnership Name: HOUSE SPIRITS DISTILLERY LLC	Partnership ID Number: 27-4652069
	Year Ended: DECEMBER 31, 2024

Increases:

1. Adjusted basis at the end of the prior year (not less than zero)	1.	0.
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (not less than zero)	2.	
3. Partner's share of partnership liabilities (current year Item K, Schedule K-1 and increased share)	3.	
a. Less: Liabilities included in line 1 above (prior year Item K)	3a.	
4. Items of income or gain this year including tax-exempt income		
a. Ordinary business income	a.	
b. Net rental real estate income	b.	
c. Other net rental income	c.	
d. Interest income	d.	
e. Ordinary dividends	e.	
f. Royalties	f.	
g. Net short-term capital gain	g.	
h. Net long-term capital gain	h.	
i. Net gain under Section 1231	i.	
j. Other income	j.	
k. Tax-exempt income	k.	
l. Other increases:	l.	
Total income and gain (Add 4(a) through 4(l))	4.	
5. Gain (if any) recognized this year on contribution of property to partnership (other than gain from transfer of liabilities)	5.	
6. Depletion (other than oil and gas) in excess of basis	6.	
Total increases (Add lines 2 through 6)		

Decreases:

7. Withdrawals and distributions during the year	7.	
8. Partner's share of partnership liabilities (current year Item K, Sch K-1 and decreased share)	8.	
a. Less: Liabilities included in line 1 above (prior year Item K)	8a.	
9. Nondeductible expenses	9.	
10. Partnership losses and deductions:		
a. Ordinary business (loss)	a.	
b. Net rental real estate (loss)	b.	
c. Other net rental (loss)	c.	
d. Net short-term capital (loss)	d.	
e. Net long-term capital (loss)	e.	
f. Net loss under Section 1231	f.	
g. Other deductions	g.	
h. Charitable contributions	h.	
i. Section 179 deduction	i.	
j. Foreign taxes paid or accrued	j.	
k. Other decreases:	k.	
l. Disallowed prior year's losses and deductions	l.	
11. Oil and gas depletion (not to exceed your allocable share of the adjusted basis of the property)	11.	
Total decreases (Add 10(a) through 10(k) and line 11)		
12. Adjusted Basis of partnership interest (If less than zero, enter zero)	12.	0.

Gain on Distributions:

13. a. Cash distributions	a.	
b. Less: basis before distributions and allocable loss	b.	
c. Gain on distribution	c.	

Carryover:

14. a. Prior year loss	a.	
b. Add: Losses and deductions this year	b.	
c. Less: Applied this year	c.	
d. End of year (not less than 0)	d.	0.

651123

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

For calendar year 2024, or tax year

2024☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership**A** Partnership's employer identification number
27-4652069**B** Partnership's name, address, city, state, and ZIP codeHOUSE SPIRITS DISTILLERY LLC
65 SE WASHINGTON ST
PORTLAND, OR 97214**C** IRS center where partnership filed return:
E-FILE**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
81-3718161**F** Name, address, city, state, and ZIP code for partner entered in E. See instructions.LIQUOR INVESTMENT LLC PREFERRED INTER
801 MAIN AVENUE
NORWALK, CT 06851**G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member**H1** ☒ Domestic partner ☐ Foreign partner**H2** ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **PARTNERSHIP****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	0.0000000%	0.0000000%
Loss	0.0000000%	0.0000000%
Capital	0.0000000%	0.0000000%

Check if decrease is due to:

☐ Sale or ☐ Exchange of partnership interest. See instructions.**K1** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 0.	\$ 0.

K2 Check this box if Item K-1 includes liability amounts from lower-tier partnerships ☐**K3** Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐**L Partner's Capital Account Analysis**

Beginning capital account	\$ 25,671,662.
Capital contributed during the year	\$ 9,300,000.
Current year net income (loss)	\$ -10,138,423.
Other increase (decrease) (attach explanation)	\$
Withdrawals and distributions	\$ ()
Ending capital account	\$ 24,833,239.

M Did the partner contribute property with a built-in gain (loss)?
☐ Yes ☒ No If "Yes," attach statement. See instructions.**N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**

Beginning	\$
Ending	\$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss) -10,019,827.	14 Self-employment earnings (loss) A 0.
2 Net rental real estate income (loss)	15 Credits N 2,957.
3 Other net rental income (loss)	16 Schedule K-3 is attached if checked <input type="checkbox"/>
4a Guaranteed payments for services	17 Alternative min tax (AMT) items
4b Guaranteed payments for capital	
4c Total guaranteed payments	
5 Interest income	18 Tax-exempt income and nondeductible expenses C* STMT
6a Ordinary dividends	
6b Qualified dividends	
6c Dividend equivalents	19 Distributions
7 Royalties	20 Other information N* 4,669. Z* STMT AJ* STMT
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	21 Foreign taxes paid or accrued
13 Other deductions A 11,142	
22 <input type="checkbox"/> More than one activity for at-risk purposes*	
23 <input type="checkbox"/> More than one activity for passive activity purposes*	

*See attached statement for additional information.

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SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	104,497.
TAX EXPENSE ADJUSTMENT FOR FORM 8846 CREDIT	NONDEDUCTIBLE PORTION	2,957.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		107,454.

SCHEDULE K-1 BUSINESS INTEREST EXPENSE, BOX 20, CODE N

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
BUSINESS INTEREST EXPENSE (INCLUDED IN ORDINARY BUSINESS INCOME (LOSS))	SEE PARTNERS INSTRUCTIONS	4,669.
TOTAL TO SCHEDULE K-1, BOX 20, CODE N		4,669.

SCHEDULE K-1 EXCESS BUSINESS LOSS LIMITATION
BOX 20, CODE AJ

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
AGGREGATE BUSINESS ACTIVITY GROSS INCOME OR GAIN	SEE IRS SCH. K-1 INSTRUCTIONS	2,746,216.
AGGREGATE BUSINESS ACTIVITY DEDUCTION	SEE IRS SCH. K-1 INSTRUCTIONS	12,766,043.

SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z

DESCRIPTION	AMOUNT
TRADE OR BUSINESS -	
ORDINARY INCOME (LOSS)	-10,019,827.
W-2 WAGES	4,977,679.
UNADJUSTED BASIS OF ASSETS	8,236,501.

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 SCHEDULE K-3 NOTIFICATION

THE SCHEDULE K-3 HAS NOT BEEN PREPARED FOR YOU. YOU WILL NOT RECEIVE A COPY OF THE SCHEDULE UNLESS YOU REQUEST ONE.

Partner Basis Worksheet

Partner Number: 9	Partner ID Number: 81-3718161
Partner Name: LIQUOR INVESTMENT LLC PREFERRED INTER	Ownership Percentage:
Partnership Name: HOUSE SPIRITS DISTILLERY LLC	Partnership ID Number: 27-4652069
	Year Ended: DECEMBER 31, 2024

Increases:

1. Adjusted basis at the end of the prior year (not less than zero)	1.	25,671,662.
2. Money and your adjusted basis in property contributed to the partnership less the associated liabilities (not less than zero)	2.	9,300,000.
3. Partner's share of partnership liabilities (current year Item K, Schedule K-1 and increased share)	3.	
a. Less: Liabilities included in line 1 above (prior year Item K)	3a.	
4. Items of income or gain this year including tax-exempt income		
a. Ordinary business income	a.	
b. Net rental real estate income	b.	
c. Other net rental income	c.	
d. Interest income	d.	
e. Ordinary dividends	e.	
f. Royalties	f.	
g. Net short-term capital gain	g.	
h. Net long-term capital gain	h.	
i. Net gain under Section 1231	i.	
j. Other income	j.	
k. Tax-exempt income	k.	
l. Other increases:	l.	
Total income and gain (Add 4(a) through 4(l))	4.	
5. Gain (if any) recognized this year on contribution of property to partnership (other than gain from transfer of liabilities)	5.	
6. Depletion (other than oil and gas) in excess of basis	6.	
Total increases (Add lines 2 through 6)		9,300,000.

Decreases:

7. Withdrawals and distributions during the year	7.	
8. Partner's share of partnership liabilities (current year Item K, Sch K-1 and decreased share)	8.	
a. Less: Liabilities included in line 1 above (prior year Item K)	8a.	
9. Nondeductible expenses	9.	107,454.
10. Partnership losses and deductions:		
a. Ordinary business (loss)	a.	10,019,827.
b. Net rental real estate (loss)	b.	
c. Other net rental (loss)	c.	
d. Net short-term capital (loss)	d.	
e. Net long-term capital (loss)	e.	
f. Net loss under Section 1231	f.	
g. Other deductions	g.	
h. Charitable contributions	h.	11,142.
i. Section 179 deduction	i.	
j. Foreign taxes paid or accrued	j.	
k. Other decreases:	k.	
l. Disallowed prior year's losses and deductions	l.	
11. Oil and gas depletion (not to exceed your allocable share of the adjusted basis of the property)	11.	
Total decreases (Add 10(a) through 10(k) and line 11)		10,030,969.
12. Adjusted Basis of partnership interest (If less than zero, enter zero)	12.	24,833,239.

Gain on Distributions:

13. a. Cash distributions	a.	
b. Less: basis before distributions and allocable loss	b.	
c. Gain on distribution	c.	

Carryover:

14. a. Prior year loss	a.	
b. Add: Losses and deductions this year	b.	10,138,423.
c. Less: Applied this year	c.	34,971,662.
d. End of year (not less than 0)	d.	0.

TAXABLE YEAR

2024

**Limited Liability Company
Return of Income**
429851 01-16-25
CALIFORNIA FORM

568

 201216810072 HOUS 27-4652069
 TYB 01-01-2024 TYE 12-31-2024
 HOUSE SPIRITS DISTILLERY LLC

24

 65 SE WASHINGTON ST
 PORTLAND OR 97214

 ACCTMETHOD 2 06-20-2011 ASSETS 29639991.
 INITIAL 0 FINAL 0 AMENDED 0 PROTECTIVE 0

- I (1) During this taxable year, did this LLC acquire control or majority ownership (more than a 50% interest) in another legal entity? If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term?

If yes to both questions, answer yes.

• ☐ Yes ☒ No

- (2) During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this LLC or any legal entity in which the partner holds a controlling ownership interest? If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? If yes to both questions, answer yes. ...

• ☐ Yes ☒ No

- (3) Has California real property (i.e., land, buildings) transferred to the LLC that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2)? If yes, during this taxable year, has more than 50% of the LLC's ownership interests cumulatively transferred in one or more transactions and it was not reported on a previous year's tax return? If yes to both questions, answer yes.

• ☐ Yes ☒ No

(Yes requires filing of BOE-100-B statement, penalties may apply - see instructions.)

Complete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.		Whole dollars only	
1	Total income from Schedule IW, Limited Liability Company Income Worksheet. See instructions	1	854,988 00
2	Limited Liability Company fee. See instructions	2	2,500 00
3	2024 annual Limited Liability Company tax. See instructions	3	800 00
4	Pass-through entity elective tax. See instructions	4	00
5	Nonconsenting nonresident members' tax liability from Schedule T (Side 4)	5	00
6	Partnership level tax. If IRS concluded a centralized audit for this year, see instructions. If not, leave blank.	6	00
7	Total tax and fee. Add line 2, line 3, line 4, line 5, and line 6	7	3,300 00
8	Amount paid with form FTB 3537 and 2024 form FTB 3522 and form FTB 3536 STMT 1	8	800 00
9	Amounts paid for pass-through entity elective tax	9	00
10	Overpayment from prior year allowed as a credit	10	2,500 00
11	Withholding (Form 592-B and/or 593)	11	00
12	Total payments. Add line 8, line 9, line 10 and line 11	12	3,300 00
13	Use tax. This is not a total line. See instructions	13	00
14	Payments balance. If line 12 is more than line 13, subtract line 13 from line 12	14	3,300 00
15	Use tax balance. If line 13 is more than line 12, subtract line 12 from line 13	15	00
16	Tax and fee due. If line 7 is more than line 14, subtract line 14 from line 7	16	00
17	Overpayment. If line 14 is more than line 7, subtract line 7 from line 14	17	00

 Enclose, but do not staple,
any payment.

		Whole dollars only	
18	Amount of line 17 to be credited to 2025 tax or fee	18	00
19	Refund. If the total of line 18 is less than line 17, subtract the total from line 17	19	00
20	Penalties and interest. See instructions	20	00
21	Total amount due. Add line 15, line 16, line 18, and line 20, then subtract line 17 from the result	21	0.00

J Principal business activity code (Do not leave blank) **722410**
 Business activity **DISTILLERY** Product or service **SPIRITS**

K Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members **7**

L Is this LLC an investment partnership? See General Information O ☐ Yes ☒ No

M (1) Is this LLC apportioning or allocating income to California using Schedule R? ☒ Yes ☐ No

(2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year? ☐ Yes ☐ No

N Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable year? ☐ Yes ☒ No

P (1) Does the LLC have any foreign (non-U.S.) nonresident members? ☐ Yes ☒ No

(2) Does the LLC have any domestic (non-foreign) nonresident members? ☒ Yes ☐ No

(3) Were Form 592, Form 592-A, Form 592-B, Form 592-F, and Form 592-PTE filed for these members? **N/A** ☐ Yes ☐ No

Q Are any members in this LLC also LLCs or partnerships? ☒ Yes ☐ No

R Is this LLC under audit by the IRS or has it been audited in a prior year? ☐ Yes ☒ No

S Is this LLC a member or partner in another multiple member LLC or partnership? ☐ Yes ☒ No
 If "Yes," complete Schedule EO, Part I.

T Is this LLC a publicly traded partnership as defined in IRC Section 469(l)(2)? ☐ Yes ☒ No

U (1) Is this LLC a business entity disregarded for tax purposes? ☐ Yes ☒ No

(2) If "Yes," see instructions and complete Side 1, Side 2, Side 3, Schedule B, Side 5, and Side 7, if applicable. Are there credits or credit carryovers attributable to the disregarded entity? ☐ Yes ☐ No

(3) If "Yes" to U(1), does the disregarded entity have total income derived from or attributable to California that is less than the LLC's total income from all sources? ☐ Yes ☐ No

V Has the LLC included a Reportable Transaction, or Listed Transaction within this return?
 (See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction ☐ Yes ☒ No

W Did this LLC file the Federal Schedule M-3 (federal Form 1065)? ☒ Yes ☐ No

X Is this LLC a direct owner of an entity that filed a federal Schedule M-3? ☐ Yes ☒ No

Y Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust? ☐ Yes ☒ No
 If "Yes," attach schedule of trusts and federal identification numbers.

Z Does this LLC own an interest in a business entity disregarded for tax purposes? ☐ Yes ☒ No
 If "Yes," complete Schedule EO, Part II.

AA Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC? ☐ Yes ☒ No

BB Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member? ☐ Yes ☒ No

(continued on Side 3)

(continued from Side 2)

CC (1) Is the LLC deferring any income from the disposition of assets? (see instructions) ☐ Yes ☒ No

(2) If "Yes," enter the year of asset disposition

DD Is the LLC reporting previously deferred Income from: (see instructions) ☐ Installment Sale ☐ IRC §1031 ☐ IRC §1033 ☐ Other

EE "Doing business as" name. See instructions: • _____

FF (1) Has this LLC operated as another entity type such as a Corporation, S Corporation, General Partnership, Limited Partnership, or Sole Proprietorship in the previous five (5) years? ☐ Yes ☒ No

(2) If "Yes", provide prior FEIN(s) if different, business name(s), and entity type(s) for prior returns filed with the FTB and/or IRS (see instructions): _____

GG (1) Has this LLC previously operated outside California? ☐ Yes ☒ No

(2) Is this the first year of doing business in California? ☐ Yes ☒ No

HH Is the LLC a section 721(c) partnership, as defined in Treasury Regulations Section 1.721(c)-1T(b)(14)? ☐ Yes ☒ No

II At any time during the tax year, were there any transfers between the LLC and its members subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☒ No

JJ Check if the LLC: (1) ☐ Aggregated activities for IRC Section 465 at-risk purposes

(2) ☐ Grouped activities for IRC Section 469 passive activity purposes

KK (1) Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? ☐ Yes ☒ No

(2) If "Yes," when was the last report filed? (mm/dd/yyyy) • (3) Amount last remitted \$

Single Member LLC Information and Consent - Complete only if the LLC is classified as a • Federal TIN/SSN

Sole Owner's name (as shown on owner's return) FEIN/CA Corp no./CA SOS File no.

Street Address, City, State, and ZIP Code

• What type of entity is the ultimate owner of this SMLLC? Check only one box:
☐ (1) Individual ☐ (2) C Corporation ☐ (3) Pass-Through (S corporation, partnership, LLC classified as a partnership)
☐ (4) Estate/Trust ☐ (5) Exempt Organization

Member's Consent Statement: I consent to the jurisdiction of the State of California to tax my LLC income and agree to file returns and pay tax as may be required by the Franchise Tax Board.

Signature _____ Date _____

Sign Here

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of authorized member or manager

Date

Telephone

Authorized member or manager's email address (optional)

Paid preparer's signature _____ Date _____ Check if ☒ self-employed PTIN • P01791864

Preparer's Use Only Firm's name (or yours, if self-employed) and address

IRVINE & COMPANY, CPA'S, LLC
345 NE 102ND AVE.
PORTLAND, OR 97220-4108

Firm's FEIN • 93-1304312
Telephone • (503) 252-8449

May the FTB discuss this return with the preparer shown above (see instructions)? ☒ Yes ☐ No

Schedule A Cost of Goods Sold

1	Inventory at beginning of year	1	15,420,849	00
2	Purchases less cost of items withdrawn for personal use	2	2,983,696	00
3	Cost of labor	3		00
4	Additional IRC Section 263A costs. Attach schedule	4	283,627	00
5	Other costs. Attach schedule	5	425,972	00
6	Total. Add line 1 through line 5	6	19,114,144	00
7	Inventory at end of year	7	17,489,895	00
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Schedule B, line 2	8	1,624,249	00

9 a Check all methods used for valuing closing inventory:

- (1) ☐ Cost (2) ☒ Lower of cost or market as described in Treas. Reg. Section 1.471-4 (3) ☐ Write down of "subnormal" goods as described in Treas. Reg. Section 1.471-2(c) (4) ☐ Other. Specify method used and attach explanation

b Check this box if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐c Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the LLC? ☒ Yes ☐ Nod Was there any change (other than for IRC Section 263A purposes) in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No**Schedule B Income and Deductions****Caution:** Include **only** trade or business income and expenses on line 1a through line 22 below. See the instructions for more information.

Income	1	a Gross receipts or sales \$	4,370,465	b Less returns and allowances \$		c Balance	1c	4,370,465	00
	2	Cost of goods sold (Schedule A, line 8)					2	1,624,249	00
	3	GROSS PROFIT. Subtract line 2 from line 1c					3	2,746,216	00
	4	Total ordinary income from other LLCs, partnerships, and fiduciaries. Attach schedule					4		00
	5	Total ordinary loss from other LLCs, partnerships, and fiduciaries. Attach schedule					5		00
	6	Total farm profit. Attach federal Schedule F (Form 1040)					6		00
	7	Total farm loss. Attach federal Schedule F (Form 1040)					7		00
	8	Total gains included on Schedule D-1, Part II, line 17 (gain only)					8		00
	9	Total losses included on Schedule D-1, Part II, line 17 (loss only)					9		00
	10	Other income. Attach schedule					10		00
	11	Other loss. Attach schedule					11		00
	12	Total income (loss). Combine line 3 through line 11					12	2,746,216	00
Deductions	13	Salaries and wages (other than to members)					13	3,960,225	00
	14	Guaranteed payments to members					14		00
	15	Bad debts					15		00
	16	Deductible interest expense not claimed elsewhere on return					16	4,669	00
	17	a Depreciation and amortization. Att form FTB 3885L \$	665,358	b Less depreciation reported on Sch A and elsewhere on return \$	425,972	c Balance	17c	239,386	00
	18	Depletion. Do not deduct oil and gas depletion					18		00
	19	Retirement plans, etc.					19		00
	20	Employee benefit programs					20	258,844	00
	21	Other deductions. Attach schedule					21	8,305,876	00
	22	Total deductions. Add line 13 through line 21					22	12,769,000	00
	23	Ordinary income (loss) from trade or business activities. Subtract line 22 from line 12					23	-10,022,784	00

Schedule T Nonconsenting Nonresident Members' Tax Liability. Attach additional sheets if necessary.

(a) Member's name	(b) SSN, ITIN, or FEIN	(c) Distributive share of income	(d) Tax rate	(e) Member's total tax due (see instructions)	(f) Amount withheld by this LLC on this member - reported on Form 592-B	(g) Member's net tax due

Total the amount of tax due. Enter the total here and on Side 1, line 4. If less than zero enter -0-

Schedule K Members' Shares of Income, Deductions, Credits, etc.

(a) Distributive share items		(b) Amounts from federal K (1065)	(c) California adjustments	(d) Total amounts using California law			
Income (Loss)	1 Ordinary income (loss) from trade or business activities	1	10,019,827	-2,957	10,022,784		
	2 Net income (loss) from rental real estate activities. Attach federal Form 8825	2					
	3 a Gross income (loss) from other rental activities	3a					
	b Less expenses. Attach schedule	3b					
	c Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c					
	4 Guaranteed payments a Services	4a					
	b Capital	4b					
	c Total	4c					
	5 Interest income	5					
	6 Dividends	6					
	7 Royalties	7					
	8 Net short-term capital gain (loss). Attach Schedule D (568)	8					
	9 Net long-term capital gain (loss). Attach Schedule D (568)	9					
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)	10a					
	b Total loss under IRC Section 1231 (other than due to casualty or theft)	10b					
Deductions	11 a Other portfolio income (loss). Attach schedule	11a					
	b Total other income. Attach schedule	11b					
	c Total other loss. Attach schedule	11c					
	12 Expense deduction for recovery property (IRC Section 179). Attach schedule	12					
	13 a Cash contributions STMT 6	13a	11,142		11,142		
	b Noncash contributions	13b					
Credits	c Investment interest expense	13c					
	d 1 Total expenditures to which IRC Section 59(e) election may apply	13d1					
	2 Type of expenditures	13d2					
	e Deductions related to portfolio income	13e					
	f Other deductions. Attach schedule	13f					
	15 a Withholding on LLC allocated to all members	15a					
Alternative Minimum Tax (AMT) Items	b Low-income housing credit	15b					
	c Credits other than the credit shown on line 15b related to rental real estate activities. Attach schedule	15c					
	d Credits related to other rental activities. Attach schedule	15d					
	e Nonconsenting nonresident members' tax paid by LLC	15e					
	f Other credits. Attach schedule	15f					
	17 a Depreciation adjustment on property placed in service after 1986	17a					
Other Information	b Adjusted gain or loss	17b					
	c Depletion (other than oil and gas)	17c					
	d Gross income from oil, gas, and geothermal properties	17d					
	e Deductions allocable to oil, gas, and geothermal properties	17e					
	f Other alternative minimum tax items. Attach schedule	17f					
	18 a Tax-exempt interest income	18a					
Analysis	b Other tax-exempt income	18b					
	c Nondeductible expenses STMT 7	18c	107,454	-2,957	104,497		
	19 a Distributions of money (cash and marketable securities)	19a					
	b Distribution of property other than money	19b					
	20 a Investment income	20a					
	b Investment expenses	20b					
Analysis	c Other information. See instructions	20c					
	21 a Total distributive income/payment items. Combine lines 1, 2, 3c and 4c through 11c. From the result, subtract the sum of lines 12 through 13f.	21a	10,030,969	-2,957	10,033,926		
Analysis	b Analysis of members:	(a) Corporate	(b) Individual	(c) Partnership	(d) Exempt Organization	(e) Nominee/Other	(f) LLC
	Members		i. Active ii. Passive	#####			

Schedule L Balance Sheets. See instructions before completing Schedules L, M-1, and M-2.

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash		5,455,803		2,257,478
2 a Trade notes and accounts receivable	462,023		243,924	
b Less allowance for bad debts	()	462,023	()	243,924
3 Inventories		15,089,459		17,105,486
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets. Attach schedule		482,037		459,517
7 a Loans to members				
b Mortgage and real estate loans				
8 Other investments. Attach schedule				
9 a Buildings and other depreciable assets	7,875,971		8,321,233	
b Less accumulated depreciation	(2,790,753)	5,085,218	(3,175,382)	5,145,851
10 a Depletable assets				
b Less accumulated depletion	()		()	
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)	1,366,752		1,376,545	
b Less accumulated amortization	(739,148)	627,604	(892,650)	483,895
13 Other assets. Attach schedule STMT 14				3,943,840
14 Total assets		27,202,144		29,639,991
Liabilities and Capital				
15 Accounts payable		260,254		69,077
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities. Attach schedule		1,311,850		1,894,315
18 All nonrecourse loans				
19 a Loans from members				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities. Attach schedule STMT 16				2,635,616
21 Members' capital accounts		25,555,040		25,040,983
22 Total liabilities and capital		27,202,144		29,639,991

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. Use total amount under California law. See instructions.

1 Net income (loss) per books	9,814,057	6 Income recorded on books this year not included on Schedule K, line 1 through line 11c. Itemize:	
2 Income included on Schedule K, line 1 through line 11c not recorded on books this year. Itemize:		a Tax-exempt interest	
3 Guaranteed payments (other than health insurance)		b Other	230,606
4 Expenses recorded on books this year not included on Schedule K, line 1 through line 13f. Itemize:		c Total. Add line 6a and line 6b	230,606
a Depreciation		7 Deductions included on Schedule K, line 1 through line 13f not charged against book income this year. Itemize:	
b Travel and entertainment	104,497	a Depreciation	109,997
c Annual LLC tax		b Other	267,390
d Other	286,584	c Total. Add line 7a and line 7b	377,387
e Total. Add line 4a through line 4d	391,081	8 Total. Add line 6c and line 7c	607,993
5 Total of line 1 through line 4e	-9,422,976	9 Income (loss) (Schedule K, line 21a.) Subtract line 8 from line 5	-10,030,969

Schedule M-2 Analysis of Members' Capital Accounts. Use California amounts.

1 Balance at beginning of year	24,970,390	5 Total of line 1 through line 4	24,239,421
2 Capital contributed during year		6 Distributions: a Cash	
a Cash	9,300,000	b Property	
b Property		7 Other decreases. Itemize	107,454
3 Net income (loss) per books	-10,030,969	8 Total of line 6 and line 7	107,454
4 Other increases. Itemize		9 Balance at end of year. Subtract line 8 from line 5	24,131,967

Schedule O Amounts from Liquidation used to Capitalize a Limited Liability Company. (Complete only if initial return box is checked on Side 1, Question H.)

Name of entity liquidated (if more than one, attach a schedule) _____

Type of entity: ☐ (1) C Corporation ☐ (2) S Corporation ☐ (3) Partnership ☐ (4) Limited Partnership ☐ (5) Sole Proprietor ☐ (6) Farmer

Entity identification number(s): FEIN _____ SSN or ITIN _____ CA Corp. No. _____ CA SOS File No. _____

Amount of liquidation gains recognized to capitalize the LLC _____

Schedule IW Limited Liability Company (LLC) Income Worksheet

Enter your California income amounts on the worksheet. All amounts entered must be assigned for California law differences. **Use only amounts that are from sources derived from or attributable to California when completing lines 1-17 of this worksheet.** If your business is both within and outside of California, see Schedule IW instructions to assign the correct amounts to California. If the LLC is wholly within California, the total income amount is assigned to California and is entered beginning with line 1a. If the single member LLC (SMLLC) does not meet the 3 million criteria for filing Schedule B (568) and Schedule K (568), the SMLLC is still required to complete Schedule IW. Disregarded entities that do not meet the filing requirements to complete Schedule B or Schedule K should prepare Schedule IW by entering the California amounts attributable to the disregarded entity from the member's federal Schedule B, C, D, E, F (Form 1040), or additional schedules associated with other activities. **Do not enter amounts on this worksheet that have already been reported by another LLC to determine its fee.**

See instructions on page 14 of the Form 568 Booklet for more information on how to complete Schedule IW.

- 1 a Total California income from Form 568, Schedule B, line 3. See instructions ☒ 1a 537,238
- b Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (Form 1040) (plus California adjustments) associated with the receipts assigned to California on lines 1a and 4 ☒ 1b 317,750
- 2 a If the answer to Question U(1) on Form 568 Side 2, is "Yes", include the gross income of this disregarded entity that is not included in lines 1 and 8 through 16 ... ☒ 2a _____
- b Enter the cost of goods sold of disregarded entities associated with the receipts assigned to California on line 2a ☒ 2b _____
- 3 a LLC's distributive share of ordinary income from pass-through entities ☒ 3a _____
- b Enter the LLC's distributive share of cost of goods sold from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1a) ☒ 3b _____
- c Enter the LLC's distributive share of deductions from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1b) ☒ 3c _____
- 4 Add gross farm income from federal Schedule F (Form 1040). Use California amounts ☒ 4 _____
- 5 Enter the total of other income (not loss) from Form 568, Schedule B, line 10 ☒ 5 _____
- 6 Enter the total gains (not losses) from Form 568, Schedule B, line 10 ☒ 6 _____
- 7 **Add line 1a through line 6** ☒ 7 854,988
- 8 **California rental real estate**
- a Enter the total gross rents from federal Form 982-B, line 1a ☒ 8a _____
- b Enter the total gross rents from all Schedule K-1s (565), Table 3, line 2 ☒ 8b _____
- c Add line 8a and line 8b ☒ 8c _____
- 9 **Other California rentals.**
- a Enter the amount from Schedule K (568), line 3a ☒ 9a _____
- b Enter the amount from all Schedule K-1s (565), Table 3, line 3 ☒ 9b _____
- c Add lines 9a and 9b ☒ 9c _____
- 10 **California interest.** Enter the amount from Form 568, Schedule K, line 5 ☒ 10 _____
- 11 **California dividends.** Enter the amount from Form 568, Schedule K, line 6 ☒ 11 _____
- 12 **California royalties.** Enter the amount from Form 568, Schedule K, line 7 ☒ 12 _____
- 13 **California capital gains.** Enter the capital gains (not losses) included in the amounts from Form 568, Sch. K, lines 8 and 9 ☒ 13 _____
- 14 **California 1231 gains.** Enter the amount of total gains (not losses) from Form 568, Schedule K, line 10a ☒ 14 _____
- 15 **Other California portfolio income (not loss).** Enter the amount from Form 568, Schedule K, line 11a ☒ 15 _____
- 16 **Other California income (not loss) not included in line 5.** Enter the amount from Form 568, Schedule K, line 11b ☒ 16 _____
- 17 **Total California income.** Add lines 7, 8c, 9c, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number. Enter here and on Form 568, Side 1, line 1. If less than zero enter -0- ☒ 17 854,988

CA 568	AMOUNT PAID WITH FORMS 3537, 3522, 3536	STATEMENT	1
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DESCRIPTION	AMOUNT
AMOUNT PAID WITH FORM 3537	0.
AMOUNT PAID WITH FORM 3522	800.
AMOUNT PAID WITH FORM 3536	0.
TOTAL TO FORM 568, LINE 8	800.

CA SCHEDULE A	ADDITIONAL SECTION 263A COSTS	STATEMENT	2
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DESCRIPTION	AMOUNT
INSURANCE	283,627.
TOTAL TO SCHEDULE A, LINE 4	283,627.

CA SCHEDULE A	COGS OTHER COSTS	STATEMENT	3
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD DEPRECIATION	425,972.
TOTAL TO SCHEDULE A, LINE 5	425,972.

CA	DEPRECIATION AND AMORTIZATION	STATEMENT	4
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DESCRIPTION	REPORTED ELSEWHERE	REPORTED ON PAGE 1
DEPRECIATION - TRADE OR BUSINESS		68,654.
DEPRECIATION - COST OF GOODS SOLD	425,972.	
AMORTIZATION - TRADE OR BUSINESS		170,732.
TOTAL TO LINES 17B AND 17C	425,972.	239,386.

CA	OTHER DEDUCTIONS	STATEMENT	5
DESCRIPTION		AMOUNT	
ADVERTISING		2,218,919.	
AUTO		21,856.	
BANK FEES		90,936.	
DUES & SUBSCRIPTIONS		138,613.	
EXCESS PRODUCTION COSTS		894,589.	
INSURANCE		283,627.	
INSURANCE-EMPLOYEES		107,690.	
INVENTORY WRITE OFF		41,145.	
LICENSES & FEES		88,822.	
MEALS		104,497.	
MISC		32,337.	
PAYROLL TAXES		288,182.	
POSTAGE & DELIVERY		257,074.	
PROFESSIONAL FEES		2,906,956.	
PROMOTION		4,956.	
SUPPLIES		188,340.	
TELEPHONE		31,874.	
TRAVEL		196,084.	
UTILITIES		17,473.	
WORKERS COMP		87,069.	
RENT		252,604.	
PROPERTY TAX		32,289.	
REPAIRS		19,944.	
TOTAL TRADE OR BUSINESS OTHER DEDUCTIONS, LINE 21		8,305,876.	

CA SCHEDULE K	CASH CONTRIBUTIONS	STATEMENT	6
DESCRIPTION	TYPE	AMOUNT	
CASH	CASH (50%)	11,142.	
TOTAL TO SCHEDULE K, LINE 13A		11,142.	

CA SCHEDULE K	NONDEDUCTIBLE EXPENSES	STATEMENT	7
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DESCRIPTION	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	104,497.
TOTAL TO SCHEDULE K, LINE 18C	104,497.

CA SCHEDULE K	AGGREGATE GROSS RECEIPTS FOR AMT EXCLUSION	STATEMENT	8
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DESCRIPTION	AMOUNT
GROSS SALES LESS RETURNS	4,370,465.
TOTAL	4,370,465.

SCHEDULE M-1	EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN RETURN	STATEMENT	9
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DESCRIPTION	AMOUNT
ADJUSTMENT FOR FORM 8846 CREDIT	2,957.
INSURANCE	283,627.
TOTAL TO SCHEDULE M-1, LINE 4	286,584.

SCHEDULE M-1	INCOME RECORDED ON BOOKS NOT INCLUDED ON RETURN	STATEMENT	10
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD	230,606.
TOTAL TO SCHEDULE M-1, LINE 6	230,606.

SCHEDULE M-1 DEDUCTIONS ON RETURN NOT CHARGED AGAINST BOOKS STATEMENT 11

DESCRIPTION	AMOUNT
SALARIES AND WAGES	250,160.
AMORTIZATION	17,230.
TOTAL TO SCHEDULE M-1, LINE 7	267,390.

SCHEDULE M-2 OTHER DECREASES STATEMENT 12

DESCRIPTION	AMOUNT
NONDEDUCTIBLE EXPENSES	107,454.
TOTAL TO SCHEDULE M-2, LINE 7	107,454.

CA SCHEDULE L OTHER CURRENT ASSETS STATEMENT 13

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAIDS	482,037.	459,517.
TOTAL TO SCHEDULE L, LINE 6	482,037.	459,517.

CA SCHEDULE L OTHER ASSETS STATEMENT 14

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
RIGHT-OF-USE ASSETS	0.	3,943,840.
TOTAL TO SCHEDULE L, LINE 13	0.	3,943,840.

HOUSE SPIRITS DISTILLERY LLC

27-4652069

CA SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT 15
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED LIABILITIES	482,161.	198,823.
CREDIT CARDS	78,894.	39,043.
LEASE LIABILITIES CURRENT PORTION	0.	1,318,741.
PAYROLL LIABILITIES	750,795.	337,708.
TOTAL TO SCHEDULE L, LINE 17	1,311,850.	1,894,315.

CA SCHEDULE L	OTHER LIABILITIES	STATEMENT 16
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
LEASE LIABILITIES, LESS CURRENT PORTION	0.	2,635,616.
TOTAL TO SCHEDULE L, LINE 20	0.	2,635,616.

SCHEDULE M-3

(Form 1065)

(Rev. December 2021)
Department of the Treasury
Internal Revenue Service**Net Income (Loss) Reconciliation
for Certain Partnerships**

▶ Attach to Form 1065.

▶ Go to www.irs.gov/Form1065 for instructions and the latest information.

OMB No. 1545-0123

Name of partnership

HOUSE SPIRITS DISTILLERY LLC

Employer identification number

27-4652069**This Schedule M-3 is being filed because (check all that apply):**

- A** ☒ The amount of the partnership's total assets at the end of the tax year is equal to \$10 million or more.
- B** ☒ The amount of the partnership's adjusted total assets for the tax year is equal to \$10 million or more. If box B is checked, enter the amount of adjusted total assets for the tax year **39,778,414.**
- C** ☐ The amount of total receipts for the tax year is equal to \$35 million or more. If box C is checked, enter the total receipts for the tax year _____.
- D** ☐ An entity that is a reportable entity partner with respect to the partnership owns or is deemed to own an interest of 50% or more in the partnership's capital, profit, or loss on any day during the tax year of the partnership.

Name of Reportable Entity Partner	Identifying Number	Maximum Percentage Owned or Deemed Owned

E ☐ Voluntary filer.**Part I Financial Information and Net Income (Loss) Reconciliation****1a** Did the partnership file SEC Form 10-K for its income statement period ending with or within this tax year?

- ☐ **Yes.** Skip lines 1b and 1c and complete lines 2 through 11 with respect to that SEC Form 10-K.
- ☒ **No.** Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared.

b Did the partnership prepare a certified audited non-tax-basis income statement for that period?

- ☐ **Yes.** Skip line 1c and complete lines 2 through 11 with respect to that income statement.
- ☒ **No.** Go to line 1c.

c Did the partnership prepare a non-tax-basis income statement for that period?

- ☐ **Yes.** Complete lines 2 through 11 with respect to that income statement.
- ☒ **No.** Skip lines 2 through 3b and enter the partnership's net income (loss) per its books and records on line 4a.

2 Enter the income statement period: Beginning _____ Ending _____**3a** Has the partnership's income statement been restated for the income statement period on line 2?

- ☐ **Yes.** (If "Yes," attach a statement and the amount of each item restated.)
- ☐ **No.**

b Has the partnership's income statement been restated for any of the 5 income statement periods immediately preceding the period on line 2?

- ☐ **Yes.** (If "Yes," attach a statement and the amount of each item restated.)
- ☐ **No.**

4a Worldwide consolidated net income (loss) from income statement source identified on Part I, line 1	4a	-9,814,057.
b Indicate accounting standard used for line 4a. See instructions.		
1 <input type="checkbox"/> GAAP 2 <input type="checkbox"/> IFRS 3 <input type="checkbox"/> Section 704(b)		
4 <input type="checkbox"/> Tax-basis 5 <input type="checkbox"/> Other (specify) ▶ _____		
5a Net income from nonincludible foreign entities (attach statement)	5a	()
b Net loss from nonincludible foreign entities (attach statement and enter as a positive amount)	5b	
6a Net income from nonincludible U.S. entities (attach statement)	6a	()
b Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount)	6b	
7a Net income (loss) of other foreign disregarded entities (attach statement)	7a	
b Net income (loss) of other U.S. disregarded entities (attach statement)	7b	
8 Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach stmt.)	8	
9 Adjustment to reconcile income statement period to tax year (attach statement)	9	
10 Other adjustments to reconcile to amount on line 11 (attach statement)	10	
11 Net income (loss) per income statement of the partnership. Combine lines 4a through 10	11	-9,814,057.

Note: Part I, line 11, must equal Part II, line 26, column (a); or Form 1065, Schedule M-1, line 1. See instructions.**12** Enter the total amount (not just the partnership's share) of the assets and liabilities of all entities included or removed on the following lines.

	Total Assets	Total Liabilities
a Included on Part I, line 4	29,639,991.	4,599,008.
b Removed on Part I, line 5		
c Removed on Part I, line 6		
d Included on Part I, line 7		

For Paperwork Reduction Act Notice, see the instructions for your return.

Schedule M-3 (Form 1065) (Rev. 12-2021)

Name of partnership

HOUSE SPIRITS DISTILLERY LLC

Employer identification number

27-4652069

Part II Reconciliation of Net Income (Loss) per Income Statement of Partnership With Income (Loss) per Return

Income (Loss) Items	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
Attach statements for lines 1 through 10.				
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar income inclusions				
4 Gross foreign distributions previously taxed				
5 Income (loss) from equity method U.S. corporations				
6 U.S. dividends				
7 Income (loss) from U.S. partnerships				
8 Income (loss) from foreign partnerships				
9 Income (loss) from other pass- through entities				
10 Items relating to reportable transactions				
11 Interest income (see instructions)				
12 Total accrual to cash adjustment				
13 Hedging transactions				
14 Mark-to-market income (loss)				
15 Cost of goods sold (see instructions)	(1,393,643.)	-230,606.		(1,624,249.)
16 Sale versus lease (for sellers and/or lessors)				
17 Section 481(a) adjustments				
18 Unearned/deferred revenue				
19 Income recognition from long-term contracts				
20 Original issue discount and other imputed interest				
21a Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities				
b Gross capital gains from Schedule D, excluding amounts from pass-through entities				
c Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
d Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses ...				
e Abandonment losses				
f Worthless stock losses (attach statement)				
g Other gain/loss on disposition of assets other than inventory Other income (loss) items with differences (attach statement)				
22				
23 Total income (loss) items. Combine lines 1 through 22	-1,393,643.	-230,606.		-1,624,249.
24 Total expense/deduction items. (From Part III, line 31) (see instructions)	-4,614,283.	-93,760.	107,454.	-4,600,589.
25 Other items with no differences STMT 17	-3,806,131.			-3,806,131.
26 Reconciliation totals. Combine lines 23 through 25	-9,814,057.	-324,366.	107,454.	-10,030,969.

Note: Line 26, column (a), must equal Part I, line 11, and column (d) must equal Form 1065, Analysis of Net Income (Loss), line 1.

Name of partnership HOUSE SPIRITS DISTILLERY LLC	Employer identification number 27-4652069
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Part III Reconciliation of Net Income (Loss) per Income Statement of Partnership With Income (Loss) per Return - Expense/Deduction Items

Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 State and local current income tax expense				
2 State and local deferred income tax expense				
3 Foreign current income tax expense (other than foreign withholding taxes)				
4 Foreign deferred income tax expense				
5 Equity-based compensation				
6 Meals and entertainment STMT 19	208,994.		-104,497.	104,497.
7 Fines and penalties				
8 Judgments, damages, awards, and similar costs				
9 Guaranteed payments				
10 Pension and profit-sharing				
11 Other post-retirement benefits				
12 Deferred compensation				
13 Charitable contribution of cash and tangible property STMT 20	11,142.			11,142.
14 Charitable contribution of intangible property				
15 Organizational expenses as per Regulations section 1.709-2(a)				
16 Syndication expenses as per Regulations section 1.709-2(b) ..				
17 Current year acquisition/reorganization investment banking fees				
18 Current year acquisition/reorganization legal and accounting fees				
19 Amortization/impairment of goodwill				
20 Amortization of acquisition, reorganization, and start-up costs				
21 Other amortization or impairment write-offs STMT 21	153,502.	17,230.		170,732.
22 Reserved for future use				
23a Depletion - oil & gas				
b Depletion - other than oil & gas				
24 Intangible drilling and development costs (IDC)				
25 Depreciation	-41,343.	109,997.		68,654.
26 Bad debt expense				
27 Interest expense (see instructions)	4,669.			4,669.
28 Purchase versus lease (for purchasers and/or lessees)				
29 Research and development costs				
30 Other expense/deduction items with differences (attach statement) STMT 22	4,277,319.	-33,467.	-2,957.	4,240,895.
31 Total expense/deduction items. Combine lines 1 through 30. Enter here and on Part II, line 24, reporting positive amounts as negative and negative amounts as positive	4,614,283.	93,760.	-107,454.	4,600,589.

Schedule M-3 (Form 1065) (Rev. 12-2021)

Form **8916-A**
(Rev. November 2019)
Department of the Treasury
Internal Revenue Service

Supplemental Attachment to Schedule M-3

► Attach to Schedule M-3 for Form 1065, 1120, 1120-L, 1120-PC, or 1120-S.
► Go to www.irs.gov/Form1120 for the latest information.

OMB No. 1545-0123

Name of common parent HOUSE SPIRITS DISTILLERY LLC	Employer identification number 27-4652069
Name of subsidiary	Employer identification number

Part I Cost of Goods Sold

Cost of Goods Sold Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 Amounts attributable to cost flow assumptions				
2 Amounts attributable to:				
a Stock option expense				
b Other equity-based compensation				
c Meals and entertainment				
d Parachute payments				
e Compensation with section 162(m) limitation				
f Pension and profit sharing				
g Other post-retirement benefits				
h Deferred compensation				
i Reserved				
j Amortization				
k Depletion				
l Depreciation	425,972.			425,972.
m Corporate-owned life insurance premiums ... SEE STATEMENT 24				
n Other section 263A costs		283,627.		283,627.
3 Inventory shrinkage accruals				
4 Excess inventory and obsolescence reserves				
5 Lower of cost or market write-downs				
SEE STATEMENT 26				
6 Other items with differences (attach statement) SEE STATEMENT 25	-2,016,025.	-53,021.		-2,069,046.
7 Other items with no differences	2,983,696.			2,983,696.
8 Total cost of goods sold. Add lines 1 through 7 in columns a, b, c, and d. Enter totals on the applicable Schedule M-3. See instructions ...	1,393,643.	230,606.		1,624,249.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8916-A** (Rev. 11-2019)

Part II Interest Income

	Interest Income Item	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1	Tax-exempt interest income				
2	Interest income from hybrid securities				
3	Sale/lease interest income				
4a	Intercompany interest income - From outside tax affiliated group				
4b	Intercompany interest income - From tax affiliated group				
5	Other interest income				
6	Total interest income. Add lines 1 through 5 in columns a, b, c, and d. Enter total on the applicable Schedule M-3. See instructions.				

Part III Interest Expense

	Interest Expense Item	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1	Interest expense from hybrid securities				
2	Lease/purchase interest expense				
3a	Intercompany interest expense - Paid to outside tax affiliated group				
3b	Intercompany interest expense - Paid to tax affiliated group				
4	Other interest expense STMT 27	4,669.			4,669.
5	Total interest expense. Add lines 1 through 4 in columns a, b, c, and d. Enter total on the applicable Schedule M-3. See instructions.	4,669.			4,669.

SCHEDULE M-3 OTHER INCOME (LOSS) AND EXPENSE / DEDUCTION STATEMENT 17
ITEMS WITH NO DIFFERENCES

DESCRIPTION	PER INCOME STATEMENT	PER TAX RETURN
OTHER INCOME (LOSS) - SEE STATEMENT	4,370,465.	4,370,465.
OTHER EXPENSE / DEDUCTION - SEE STATEMENT	-8,176,596.	-8,176,596.
TOTAL TO SCHEDULE M-3, PART II, LINE 25	-3,806,131.	-3,806,131.

SCHEDULE M-3 OTHER INCOME (LOSS) ITEMS WITH NO DIFFERENCES STATEMENT 18

DESCRIPTION	INCOME (LOSS) PER INCOME STATEMENT	INCOME (LOSS) PER TAX RETURN
SALES	4,370,465.	4,370,465.
TOTAL TO SCHEDULE M-3, PART II, LINE 25	4,370,465.	4,370,465.

SCHEDULE M-3 MEALS AND ENTERTAINMENT STATEMENT 19

DESCRIPTION	EXPENSE PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	DEDUCTION PER TAX RETURN
MEALS AND ENTERTAINMENT FROM TRADE OR BUSINESS	208,994.		-104,497.	104,497.
TOTAL	208,994.		-104,497.	104,497.

SCHEDULE M-3 CHARITABLE CONTRIBUTION OF CASH AND TANGIBLE PROPERTY STATEMENT 20

DESCRIPTION	EXPENSE/ DEDUCTION PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	EXPENSE/ DEDUCTION PER TAX RETURN
CASH	11,142.		0.	11,142.
TOTAL	11,142.		0.	11,142.

SCHEDULE M-3 OTHER AMORTIZATION OR IMPAIRMENT WRITE-OFFS STATEMENT 21

DESCRIPTION	EXPENSE PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	DEDUCTION PER TAX RETURN
OTHER AMORTIZATION	153,502.	17,230.	0.	170,732.
TOTAL	153,502.	17,230.	0.	170,732.

SCHEDULE M-3 OTHER EXPENSE/DEDUCTION ITEMS WITH DIFFERENCES STATEMENT 22

DESCRIPTION	EXPENSE/ DEDUCTION PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	EXPENSE/ DEDUCTION PER TAX RETURN
FORM 8846 CREDIT	0.		-2,957.	-2,957.
INSURANCE	567,254.	-283,627.	0.	283,627.
SALARIES AND WAGES	3,710,065.	250,160.	0.	3,960,225.
TOTAL TO M-3, PART III, LINE 30	4,277,319.	-33,467.	-2,957.	4,240,895.

SCHEDULE M-3	OTHER EXPENSE/DEDUCTION ITEMS WITH NO DIFFERENCES	STATEMENT 23
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DESCRIPTION	EXPENSE/ DEDUCTION PER INCOME STATEMENT	EXPENSE/ DEDUCTION PER TAX RETURN
ADVERTISING	2,218,919.	2,218,919.
AUTO	21,856.	21,856.
BANK FEES	90,936.	90,936.
DUES & SUBSCRIPTIONS	138,613.	138,613.
EMPLOYEE BENEFIT PROGRAMS	258,844.	258,844.
EXCESS PRODUCTION COSTS	894,589.	894,589.
INSURANCE-EMPLOYEES	107,690.	107,690.
INVENTORY WRITE OFF	41,145.	41,145.
LICENSES & FEES	88,822.	88,822.
MISC	32,337.	32,337.
PAYROLL TAXES	288,182.	288,182.
POSTAGE & DELIVERY	257,074.	257,074.
PROFESSIONAL FEES	2,906,956.	2,906,956.
PROMOTION	4,956.	4,956.
PROPERTY TAX	32,289.	32,289.
RENT EXPENSE	252,604.	252,604.
REPAIRS	19,944.	19,944.
SUPPLIES	188,340.	188,340.
TELEPHONE	31,874.	31,874.
TRAVEL	196,084.	196,084.
UTILITIES	17,473.	17,473.
WORKERS COMP	87,069.	87,069.
TOTAL TO SCHEDULE M-3, PART II, LINE 25	8,176,596.	8,176,596.

FORM 8916-A	OTHER SECTION 263A COSTS	STATEMENT 24
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DESCRIPTION	PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	PER TAX RETURN
INSURANCE	0.	283,627.	0.	283,627.
TOTAL TO LINE 2N	0.	283,627.	0.	283,627.

HOUSE SPIRITS DISTILLERY LLC

27-4652069

FORM 8916-A	OTHER ITEMS WITH NO DIFFERENCES	STATEMENT	25
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DESCRIPTION	PER INCOME STATEMENT	PER TAX RETURN
PURCHASES	2,983,696.	2,983,696.
TOTAL TO LINE 7	2,983,696.	2,983,696.

FORM 8916-A	OTHER ITEMS WITH DIFFERENCES	STATEMENT	26
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DESCRIPTION	PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	PER TAX RETURN
BEGINNING INVENTORY	15,089,459.	331,390.	0.	15,420,849.
ENDING INVENTORY	-17105484.	-384,411.	0.	-17489895.
TOTAL TO LINE 6	-2,016,025.	-53,021.	0.	-2,069,046.

FORM 8916-A	OTHER INTEREST EXPENSE	STATEMENT	27
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DESCRIPTION	PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	PER TAX RETURN
INTEREST EXPENSE FROM TRADE OR BUSINESS	4,669.	0.	0.	4,669.
TOTAL TO PART III, LINE 4	4,669.	0.	0.	4,669.

TAXABLE YEAR

CALIFORNIA SCHEDULE

2024**Apportionment and Allocation of Income****R**

Attach this schedule behind the California tax return and prior to the supporting schedules.

For calendar year 2024 or fiscal year beginning month (mm/dd/yyyy)

01/01/2024, and ending (mm/dd/yyyy)

12/31/2024

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

201216810072

27-4652069

HOUSE SPIRITS DISTILLERY LLC**Water's-Edge Filers Only: If controlled foreign corporations are included in the combined report, attach form FTB 2416.****Complete Schedule R (Side 1 and Side 2) and all applicable Schedules (R-1 through R-7). See General Information for Schedule R.**

1 a Net income (loss) after state adjustments from Form 100 or Form 100W, Side 2, line 17; Form 100S, Side 2, line 14; Form 100X, line 4. Form 565 and Form 568 filers: Enter the total of line 1 through line 11c from Schedule K (565 or 568) less the total of line 12 through line 13e from Schedule K (565 or 568)		1a	-10,033,926	00
b Water's-edge foreign investment interest offset from form FTB 2424, line 17		1b		00
c Total. Combine line 1a and line 1b		1c	-10,033,926	00
Nonbusiness Income (Loss) from All Sources. See General Information A for definitions and examples.				
2 Dividends included on line 1a and not deducted on Form 100, Side 2, line 11; Form 100W, Side 2, lines 11a/b; or Form 100S, Side 2, lines 9 and 10		2		00
3 Interest. Attach schedule		3		00
4 Net income (loss) from the rental of property from Schedule R-3, line 3, column (c)		4		00
5 Royalties. Attach schedule		5		00
6 Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e)		6		00
7 Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach sch		7		00
8 Miscellaneous nonbusiness income (loss). Attach schedule		8		00
9 Total nonbusiness income (loss). Combine line 2 through line 8		9		00
Business Income (Loss) before Apportionment (subject to a separate apportionment formula)				
10 Business income (loss) from nonunitary partnership or LLC		10		00
11 Income (loss) from a separate trade or business. Attach supplemental Schedule R		11		00
12 Business income (loss) deferred from prior years. See General Information L		12		00
13 Capital gain (loss) netting subject to separate apportionment. See Gen Information M		13		00
14 Total separately apportionable business income (loss). Combine line 10 through line 13		14		00
15 Tot business inc (loss) subject to apportionment for this trade or business, subtract the sum of ln 9 and ln 14 from ln 1c		15	-10,033,926	00
16 Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only)		16		00
17 Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16		17	-10,033,926	00
18 a Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5		18a	19.5629	%
b Business income (loss) apportioned to California. Multiply line 17 by line 18a		18b	-1,962,923	00
Nonbusiness Income (Loss) Allocable to California. If no income (loss) is allocable to California, do not complete line 19 through line 26, enter -0- on line 27 and go to Side 2, line 28.				
19 Dividends and interest income (if taxpayer's commercial domicile is in California):				
a Dividends included in line 2 above		19a		00
b Interest included in line 3 above		19b		00
20 Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b)		20		00
21 Royalties. Attach schedule		21		00
22 Gain (loss) from the sale of assets within California from Schedule R-4, line 2, total of column (b) and column (d). Combined reporting groups, see General Information M		22		00
23 Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule		23		00
24 Miscellaneous nonbusiness income (loss). Attach schedule		24		00
25 Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24		25		00
26 Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J		26		00
27 Net nonbusiness income (loss) allocable to California. Subtract line 26 from line 25		27	0	00

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

HOUSE SPIRITS DISTILLERY LLC**201216810072****27-4652069****California Business Income (Loss)** subject to a separate apportionment formula.

28 California business income (loss) from a nonunitary partnership or LLC	28		00	
29 California income (loss) from a separate trade or business. Attach supplemental schedule R.	29		00	
30 California business income (loss) deferred from prior yrs. See General Information L	30		00	
31 Total business income (loss) separately apportioned to California. Combine line 28 through line 30	31			00
Net Income (Loss) for California Purpose				
32 Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M	32			00
33 Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32	33		-1,962,923	00
34 Contributions adjustment from Schedule R-6, line 15	34			00
35 Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15	35		-1,962,923	00

**Complete the applicable
Schedules R-1 through R-7,
starting on Side 3.**

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

201216810072

27-4652069

HOUSE SPIRITS DISTILLERY LLC**Schedule R-1 Apportionment Formula.****Part A Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

See General Information G and Specific Instructions.	(a) Total within and outside California	(b) Total within California	(c) Percent within California ((b) ÷ (a)) × 100
1 Sales: Gross receipts, less returns, and allowances	4,370,465		
a Sales delivered or shipped to California purchasers.		854,988	
(i) Shipped from outside California		0	
(ii) Shipped from within California			
b Sales shipped from California to:			
(i) The United States Government		0	
(ii) Purchasers in a state where the taxpayer is not taxable		0	
c Total other gross receipts			
(i) Sales from services			
(ii) Sales or other income from intangibles			
(iii) Sales from rental, leasing or licensing of tangible or real property			
(iv) Sales from other gross receipts			
d Sales from partnerships or LLCs treated as partnerships			
Total sales	4,370,465	854,988	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Schedule R, Side 1, line 18a. See General Information H			19.5629%

Part B Three-Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California ((b) ÷ (a)) × 100
1 Property: Use the average yearly value of owned real and tangible personal property used in the business at original cost. See General Information E. Exclude property not connected with the business and the value of construction in progress.			
Inventory			
Buildings			
Machinery and equipment (including delivery equipment)			
Furniture and fixtures			
Land			
Other tangible assets. Attach schedule			
Rented property used in the business. See General Information E			
Total property			%
2 Payroll: Use employee wages, salaries, commissions, and other compensation related to business income. See General Information F.			
Total payroll			%
3 Sales: Gross receipts, less returns, and allowances. See General Information G and Specific Instructions			
a Sales delivered or shipped to California purchasers.			
(i) Shipped from outside California			
(ii) Shipped from within California			
b Sales shipped from California to:			
(i) The United States Government			
(ii) Purchasers in a state where the taxpayer is not taxable			
c Total other gross receipts			
Total sales			%
4 Total percent. Add the percentages in col (c)			%
5 Apportionment percentage. Divide line 4 by 3, enter the result here and on Schedule R, Side 1, line 18a. See General Information H			%

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

HOUSE SPIRITS DISTILLERY LLC

201216810072

27-4652069

Schedule R-2 Sales and General Questionnaire. Attach additional sheets if necessary.

- 1 Describe briefly the nature and location(s) of the California business activities. LIQUOR SALES
- 2 State the exact title and principal business activity of all joint ventures, partnerships, or LLCs in which the corporation has an interest. _____
- 3 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California where the purchaser is the U.S. Government? ☒ Yes ☐ No If "No," explain. ☐ _____
- 4 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California to states in which the taxpayer is not subject to tax? See General Information G and Specific Instructions. ☒ Yes ☐ No If "No," explain. ☐ _____
- 5 a Did the taxpayer use reasonable approximation to assign sales under Schedule R-1, Part A, line 1c (i)-(iv)? ☒ Yes ☐ No
If "Yes," provide a brief description. _____
- b Did the taxpayer change reasonable approximation method to assign sales from the last tax return filed? See Specific Instructions ☐ Yes ☒ No
If "Yes," provide a brief description of the new method. ☐ _____
- 6 Are the nonbusiness items reported on Schedule R, Side 1, line 2 through line 8, and the apportionment factor items reported on Schedule R-1 treated consistently on all state tax returns filed by the taxpayer? ☒ Yes ☐ No If "No," explain. ☐ _____
- 7 Has this corporation or any member of its combined unitary group changed the way income is apportioned or allocated to California from prior year tax returns? See General Information I. ☐ Yes ☒ No If "Yes," explain. ☐ _____
- 8 Does the California sales figure on Schedule R-1 (or comparable sch in a combined report) include all sales shipped to California destinations? ☒ Yes ☐ No
If "No," indicate the name of the selling member and the nature of the sales activity believed to be immune. ☐ _____
- 9 Does the California sales figure on Schedule R-1 (or comparable schedule in a combined report) include all sales delivered to customers outside California which have an ultimate destination in California? ☒ Yes ☐ No If "No," explain. ☐ _____

Schedule R-3 Net Income (Loss) from the Rental of Nonbusiness Property

	(a) Total outside California	(b) Total within California	(c) Total outside and within California (a) + (b)
1 Income from rents			
2 Rental deductions			
3 Net income (loss) from rents. Subtract line 2 from line 1. Enter the result here and enter column (c) on Side 1, line 4; enter column (b) on Side 1, line 20		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Schedule R-4 Gain (Loss) from the Sale of Nonbusiness Assets

California sales of nonbusiness assets include transactions involving: (1) real property located in California; (2) tangible personal property, if it had a situs in California at the time of sale, or if the corporation is commercially domiciled in California and not taxable in the state where the property had a situs at the time of sale; and (3) intangible personal property if the corporation's commercial domicile is in California or the income is otherwise allocable to California.

Description of property sold	Real estate and other tangible assets		Intangible assets		Total (e) Gain (loss) (a) + (b) + (c) + (d)
	(a) Gain (loss) from outside California	(b) Gain (loss) from within California	(c) Gain (loss) from outside California	(d) Gain (loss) from within California	
1	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2 Total gain (loss)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Enter total gain (loss) line 2, column (e) on Side 1, line 6 and enter total of line 2, columns (b) and (d) on Side 1, line 22.

Name as shown on return

California Secretary of State (SOS) file no.

201216810072

FEIN

27-4652069

HOUSE SPIRITS DISTILLERY LLC

Tangible and intangible assets placed in service during the 2024 taxable year:

Depreciation of assets

Amortization of property

[illegible]

Depreciation

Depreciation

Be sure to make adjustments for any basis differences when calculating depreciation.

2	California depreciation for assets placed in service beginning before the 2024 taxable year	2	478,818
---	---	---	---------

		3	494,626
3	Total California depreciation. Add line 1(f) totals and line 2	3	494,626

Amortization

Be sure to make adjustments for any basis differences when calculating amortization.

4	California amortization for intangibles placed in service beginning before the 2024 taxable year	4	2,000
---	--	---	-------

5	Total California amortization. Add line 1(i) totals and line 4	5	2,133
---	--	---	-------

6	Total depreciation and amortization. Add line 3 and line 5. Enter the total here and on Form 568, Schedule B, line 17a, if from a trade or business, or on federal Form 8825, line 14, if from rental real estate activities	6	496,759
---	--	---	---------

7	IRC Section 179 expense deduction from line 12 of the worksheet in the instructions	7
---	---	---

8	Carryover of disallowed deduction to 2025 from line 13 of the worksheet in the instructions	8
---	---	---

CA TOB REC		RECONCILIATION OF CALIFORNIA ORDINARY INCOME TO FEDERAL ORDINARY INCOME		2024
NAME HOUSE SPIRITS DISTILLERY LLC			EMPLOYER ID 27-4652069	
DESCRIPTION		FEDERAL	CALIFORNIA	DIFFERENCE
1 A	GROSS RECEIPT OR SALES	4,370,465.	4,370,465.	
1 B	LESS RETURNS AND ALLOWANCES			
1 C	BALANCE (LINE 1A - 1B)	4,370,465.	4,370,465.	
2	COST OF GOODS SOLD AND/OR OPERATIONS	1,624,249.	1,624,249.	
3	GROSS PROFIT (LINE 1C - 2)	2,746,216.	2,746,216.	
4	ORDINARY INCOME (LOSS) FROM OTHER PARTNERSHIPS AND FIDUCIARIES			
5	NET FARM PROFIT (LOSS)			
6	NET GAIN (LOSS) FROM FORM 4797 OR FORM D-1			
7	OTHER INCOME (LOSS)			
8	TOTAL INCOME (LOSS) (COMBINE LINES 3 THROUGH 7)	2,746,216.	2,746,216.	
9	SALARIES AND WAGES	3,960,225.	3,960,225.	
10	GUARANTEED PAYMENTS			
11	REPAIRS	19,944.	19,944.	
12	BAD DEBTS			
13	RENT	252,604.	252,604.	
14	TAXES	29,332.	32,289.	<2,957.>
15	DEDUCTIBLE INTEREST EXPENSE NOT CLAIMED ELSEWHERE	4,669.	4,669.	
16	DEPRECIATION	68,654.	239,386.	<170,732.>
17	DEPLETION			
18	RETIREMENT PLANS, ETC			
19	EMPLOYEE BENEFIT PROGRAMS	258,844.	258,844.	
20	OTHER DEDUCTIONS	8,171,771.	8,001,039.	170,732.
21	TOTAL DEDUCTIONS (ADD LINE 9 THROUGH 20)	12,766,043.	12,769,000.	<2,957.>
22	ORDINARY INCOME (LOSS) (SUBTRACT LINE 21 FROM 8)	<10,019,827.>	10,022,784.	2,957.

CA REC	RECONCILIATION OF CALIFORNIA SOURCE AMOUNT			2024
NAME HOUSE SPIRITS DISTILLERY LLC				EMPLOYER ID 27-4652069
DESCRIPTION		CALIFORNIA SCHEDULE K AMOUNT	NON-CALIFORNIA SOURCE AMOUNT	CALIFORNIA SOURCE AMOUNT
1 Ordinary Income (loss) from trade or business activities		<10,022,784.>	<8,062,041.>	<1,960,743.>
2 Net Income (loss) from rental real estate activities				
3 Net income (loss) from other rental activities				
4 a Guaranteed payments for services				
b Guaranteed payments for capital				
c Total guaranteed payments				
5 Interest Income				
6 Dividends				
7 Royalties				
8 Net short-term capital gain (loss)				
9 Net long-term capital gain (loss)				
10 a Total Gain under IRC Section 1231 (other than due to casualty or theft)				
b Total Loss under IRC Section 1231 (other then due to casualty or theft)				
11 a Other portfolio income (loss)				
b Total other income				
c Total other loss				
12 Expense deduction for recovery property (IRC Section 179)				
13 a Cash contributions (total overrides detail below)				
i) 50% Limit		11,142.		11,142.
ii) 30% Limit				
iii) Cash contribution made in subsequent year (50%)				
13 b Noncash contributions (total overrides detail below)				
i) 50% Limit				
ii) 30% Limit				
iii) Capital gain property (20%)				
iv) Capital gain property to 50% organization (30%)				
v) Qualified conservation property (100%)				
c Investment interest expense				
d Section 59(e) expenditures				
e Deductions related to portfolio income				
f Other deductions				
17 a Depreciation adjustment on property in service after 1986				
b Adjusted gain or (loss)				
c Depletion (other than oil and gas)				
d Gross income from oil, gas, and geothermal properties				
e Deductions allocable to oil, gas, and geothermal properties				
f Other alternative minimum tax items				
18 a Tax-exempt interest income				
b Other tax-exempt income				
c Nondeductible expenses		104,497.	84,054.	20,443.
20 a Investment income				
b Investment expenses				

TAXABLE YEAR

2024

Member's Share of Income,
Deductions, Credits, etc.429421 11-29-24
CALIFORNIA SCHEDULE

K-1 (568)

TYB 01-01-2024 TYE 12-31-2024
27-4651965

ASTORIA LLC

65 SE WASHINGTON ST
PORTLAND OR 9721427-4652069 201216810072
HOUSE SPIRITS DISTILLERY LLC65 SE WASHINGTON ST
PORTLAND OR 97214

A What type of entity is this member? • See instructions.

(1) ☐ Individual(4) ☐ C Corporation(7) ☐ LLP(10) ☐ Exempt Organization(2) ☐ S Corporation(5) ☐ General Partnership(8) ☐ LLC(11a) ☐ Disregarded Entity (DE)(3) ☐ Estate/Trust(6) ☒ Limited Partnership(9) ☐ IRA/Keogh/SEP

(11b) DE owner's name

(11c) DE owner's TIN

B Is this member a foreign member?

•

☐ Yes☒ No

C Enter member's percentage (without regard to special allocations) of:

(i) Beginning

(ii) Ending

Profit

67.1829

%

67.1829

%

Loss

67.1829

%

67.1829

%

Capital

67.1829

%

67.1829

%

Check if decrease is due to:

☐ Sale

or

☐ Exchange of LLC interest

D Member's share of liabilities:

Nonrecourse

\$

(i) Beginning

.00

•

(ii) Ending

.00

•

Qualified nonrecourse financing

\$

.00

•

.00

•

Recourse

\$

.00

•

.00

•

Check the box if Item D includes liability amounts from lower-tier partnerships or LLCs

☐

Check if any of the above liability is subject to guarantees or other payment obligations by the member

☐

E Reportable transaction or tax shelter registration number(s)

Member's name

ASTORIA LLC

Member's identifying number

27-4651965

- F** (1) Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) ☐ (2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1) ☐
- G** Check here if this is: • (1) ☐ A final Schedule K-1 (568) (2) ☐ An amended Schedule K-1 (568)
- H** Is this member a resident of California? ☐ Yes ☒ No
- I** Did this member contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions ☐ Yes ☒ No
- J** Member's share of net unrecognized IRC Section 704(c) gain or (loss) (i) Beginning (ii) Ending

K Analysis of member's tax basis capital account.

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other increase (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
•	•	•		• ()	• 0

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Ordinary income (loss) from trade or business activities			•	▶
	2 Net income (loss) from rental real estate activities			•	▶
	3 Net income (loss) from other rental activities			•	•
	4 a Guaranteed payments for services				
	4 b Guaranteed payments for capital				
	4 c Total guaranteed payments			•	▶
	5 Interest income			•	▶
	6 Dividends			•	▶
	7 Royalties			•	▶
	8 Net short-term capital gain (loss)			•	▶
	9 Net long-term capital gain (loss)			•	▶
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)			•	▶
	b Total loss under IRC Section 1231 (other than due to casualty or theft)			•	▶
	11 a Other portfolio income (loss). Attach schedule			•	▶
	b Total other income			•	▶
	c Total other loss			•	▶

Member's name

ASTORIA LLC

Member's identifying number

27-4651965

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery prop. (IRC Section 179)			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	13 a Cash contributions			<input checked="" type="radio"/>	
	b Noncash contributions			<input checked="" type="radio"/>	
	c Investment interest expense			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	d 1 Total expenditures to which an IRC Section 59(e) election may apply			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	2 Type of expenditures <input checked="" type="radio"/>				
	e Deductions related to portfolio income. Attach schedule			<input checked="" type="radio"/>	<input checked="" type="radio"/>
f Other deductions. Attach schedule			<input checked="" type="radio"/>	<input checked="" type="radio"/>	
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC)			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	b Low-income housing credit			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	c Credits other than line 15b related to rental real estate activities			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	d Credits related to other rental activities. Attach schedule			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	e Nonconsenting nonresident members' tax paid by LLC			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	f Other credits - Attach required schedules or statements			<input checked="" type="radio"/>	<input checked="" type="radio"/>
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	b Adjusted gain or loss			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	c Depletion (other than oil & gas)			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	d Gross income from oil, gas, and geothermal properties			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	e Deductions allocable to oil, gas, and geothermal properties			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	f Other alternative minimum tax items. Attach schedule			<input checked="" type="radio"/>	<input checked="" type="radio"/>
Tax-exempt income and Nondeductible Expenses	18 a Tax-exempt interest income			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	b Other tax-exempt income			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	c Nondeductible expenses			<input checked="" type="radio"/>	<input checked="" type="radio"/>
Distributions	19 a Distributions of money (cash and marketable securities)			<input checked="" type="radio"/>	
	b Distributions of property other than money			<input checked="" type="radio"/>	
Other Information	20 a Investment income			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	b Investment expenses			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	c Other information. See instructions			<input checked="" type="radio"/>	
21 <input type="checkbox"/> More than one activity for at-risk purposes. See instructions.					
22 <input type="checkbox"/> More than one activity for passive activity purposes. See instructions.					

Member's name

ASTORIA LLC

Member's identifying number

27-4651965

Other Member Information

Table 1 - Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member):

Interest ... \$	<input type="text"/>	Sec. 1231 Gains/Losses \$	<input type="text"/>	Capital Gains/Losses \$	<input type="text"/>
Dividends \$	<input type="text"/>	Royalties	<input type="text"/>	Other	<input type="text"/>

FOR USE BY MEMBERS ONLY - See instructions.

Table 2 - Member's share of distributive items.

- A. Member's share of the LLC's business income. See instructions. \$
- B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses	\$ <input type="text"/>	Rents/Royalties	\$ <input type="text"/>
Sec. 1231 Gains/Losses	\$ <input type="text"/>	Other	\$ <input type="text"/>

- C. Member's distributive share of the LLC's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning	\$ <input type="text"/>	\$ <input type="text"/>
Property: Ending	\$ <input type="text"/>	\$ <input type="text"/>
Property: Annual rent expense	\$ <input type="text"/>	\$ <input type="text"/>
Payroll	\$ <input type="text"/>	\$ <input type="text"/>
Sales	\$ <input type="text"/>	\$ <input type="text"/>

TAXABLE YEAR

2024

Member's Share of Income,
Deductions, Credits, etc.429421 11-29-24
CALIFORNIA SCHEDULE

K-1 (568)

TYB 01-01-2024 TYE 12-31-2024

CHRISTIAN

KROGSTAD

27-4652069 201216810072
HOUSE SPIRITS DISTILLERY LLC65 SE WASHINGTON ST
PORTLAND OR 97214

Client Copy

A What type of entity is this member? • See instructions.

- (1) ☒ Individual (4) ☐ C Corporation (7) ☐ LLP (10) ☐ Exempt Organization
 (2) ☐ S Corporation (5) ☐ General Partnership (8) ☐ LLC (11a) ☐ Disregarded Entity (DE)
 (3) ☐ Estate/Trust (6) ☐ Limited Partnership (9) ☐ IRA/Keogh/SEP (11b) DE owner's name _____
 (11c) DE owner's TIN _____

B Is this member a foreign member? ☐ Yes ☒ No

C Enter member's percentage (without regard to special allocations) of:

	(i) Beginning		(ii) Ending	
Profit	0.0000	% •	0.0000	%
Loss	0.0000	% •	0.0000	%
Capital	0.0000	% •	0.0000	%

Check if decrease is due to: ☐ Sale or ☐ Exchange of LLC interest

D Member's share of liabilities:

	(i) Beginning		(ii) Ending	
Nonrecourse .....	\$	.00 •	\$	.00
Qualified nonrecourse financing .....	\$	.00 •	\$	.00
Recourse .....	\$	.00 •	\$	.00

Check the box if Item D includes liability amounts from lower-tier partnerships or LLCs ☐Check if any of the above liability is subject to guarantees or other payment obligations by the member ☐

E Reportable transaction or tax shelter registration number(s)

Member's name

CHRISTIAN KROGSTAD

Member's identifying number

- F** (1) Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) ☐ (2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1) ☐
- G** Check here if this is: • (1) ☐ A final Schedule K-1 (568) (2) ☐ An amended Schedule K-1 (568)
- H** Is this member a resident of California? ☐ Yes ☒ No
- I** Did this member contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions ☐ Yes ☒ No
- J** Member's share of net unrecognized IRC Section 704(c) gain or (loss) (i) Beginning (ii) Ending

K Analysis of member's tax basis capital account.

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other increase (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
•	•	•		• ()	• 0

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Ordinary income (loss) from trade or business activities			•	▶
	2 Net income (loss) from rental real estate activities			•	▶
	3 Net income (loss) from other rental activities			•	•
	4 a Guaranteed payments for services				
	4 b Guaranteed payments for capital				
	4 c Total guaranteed payments			•	▶
	5 Interest income			•	▶
	6 Dividends			•	▶
	7 Royalties			•	▶
	8 Net short-term capital gain (loss)			•	▶
	9 Net long-term capital gain (loss)			•	▶
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)			•	▶
	b Total loss under IRC Section 1231 (other than due to casualty or theft)			•	▶
	11 a Other portfolio income (loss). Attach schedule			•	▶
	b Total other income			•	▶
	c Total other loss			•	▶

Member's name

CHRISTIAN KROGSTAD

Member's identifying number

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery prop. (IRC Section 179)			<input type="radio"/>	<input checked="" type="radio"/>
	13 a Cash contributions			<input type="radio"/>	
	b Noncash contributions			<input type="radio"/>	
	c Investment interest expense			<input type="radio"/>	<input checked="" type="radio"/>
	d 1 Total expenditures to which an IRC Section 59(e) election may apply			<input type="radio"/>	<input checked="" type="radio"/>
	2 Type of expenditures <input checked="" type="radio"/>				
	e Deductions related to portfolio income. Attach schedule			<input type="radio"/>	<input checked="" type="radio"/>
f Other deductions. Attach schedule			<input type="radio"/>	<input checked="" type="radio"/>	
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC)			<input type="radio"/>	<input checked="" type="radio"/>
	b Low-income housing credit			<input type="radio"/>	<input checked="" type="radio"/>
	c Credits other than line 15b related to rental real estate activities			<input type="radio"/>	<input checked="" type="radio"/>
	d Credits related to other rental activities. Attach schedule			<input type="radio"/>	<input checked="" type="radio"/>
	e Nonconsenting nonresident members' tax paid by LLC			<input type="radio"/>	<input checked="" type="radio"/>
	f Other credits - Attach required schedules or statements			<input type="radio"/>	<input checked="" type="radio"/>
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986			<input type="radio"/>	<input checked="" type="radio"/>
	b Adjusted gain or loss			<input type="radio"/>	<input checked="" type="radio"/>
	c Depletion (other than oil & gas)			<input type="radio"/>	<input checked="" type="radio"/>
	d Gross income from oil, gas, and geothermal properties			<input type="radio"/>	<input checked="" type="radio"/>
	e Deductions allocable to oil, gas, and geothermal properties			<input type="radio"/>	<input checked="" type="radio"/>
	f Other alternative minimum tax items. Attach schedule			<input type="radio"/>	<input checked="" type="radio"/>
Tax-exempt income and Nondeductible Expenses	18 a Tax-exempt interest income			<input type="radio"/>	<input checked="" type="radio"/>
	b Other tax-exempt income			<input type="radio"/>	<input checked="" type="radio"/>
	c Nondeductible expenses			<input type="radio"/>	<input checked="" type="radio"/>
Distributions	19 a Distributions of money (cash and marketable securities)			<input type="radio"/>	
	b Distributions of property other than money			<input type="radio"/>	
Other Information	20 a Investment income			<input type="radio"/>	<input checked="" type="radio"/>
	b Investment expenses			<input type="radio"/>	<input checked="" type="radio"/>
	c Other information. See instructions			<input type="radio"/>	
21 <input type="checkbox"/> More than one activity for at-risk purposes. See instructions.					
22 <input type="checkbox"/> More than one activity for passive activity purposes. See instructions.					

Member's name

CHRISTIAN KROGSTAD

Member's identifying number

Other Member Information**Table 1** - Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member):

Interest ... \$	<input type="text"/>	Sec. 1231 Gains/Losses \$	<input type="text"/>	Capital Gains/Losses \$	<input type="text"/>
Dividends \$	<input type="text"/>	Royalties	<input type="text"/>	Other	<input type="text"/>

FOR USE BY MEMBERS ONLY - See instructions.

Table 2 - Member's share of distributive items.

- A. Member's share of the LLC's business income. See instructions. \$
- B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses	\$ <input type="text"/>	Rents/Royalties	\$ <input type="text"/>
Sec. 1231 Gains/Losses	\$ <input type="text"/>	Other	\$ <input type="text"/>

- C. Member's distributive share of the LLC's property, payroll, and sales:

Factors**Total within and outside California****Total within California**

Property: Beginning	\$ <input type="text"/>	\$ <input type="text"/>
Property: Ending	\$ <input type="text"/>	\$ <input type="text"/>
Property: Annual rent expense	\$ <input type="text"/>	\$ <input type="text"/>
Payroll	\$ <input type="text"/>	\$ <input type="text"/>
Sales	\$ <input type="text"/>	\$ <input type="text"/>

TAXABLE YEAR

2024

Member's Share of Income,
Deductions, Credits, etc.429421 11-29-24
CALIFORNIA SCHEDULE

K-1 (568)

TYB 01-01-2024 TYE 12-31-2024

JOHN A TICE

27-4652069 201216810072
HOUSE SPIRITS DISTILLERY LLC65 SE WASHINGTON ST
PORTLAND OR 97214

Client Copy

A What type of entity is this member? • See instructions.

- (1) ☒ Individual (4) ☐ C Corporation (7) ☐ LLP (10) ☐ Exempt Organization
 (2) ☐ S Corporation (5) ☐ General Partnership (8) ☐ LLC (11a) ☐ Disregarded Entity (DE)
 (3) ☐ Estate/Trust (6) ☐ Limited Partnership (9) ☐ IRA/Keogh/SEP (11b) DE owner's name _____
 (11c) DE owner's TIN _____

B Is this member a foreign member? ☐ Yes ☒ No

C Enter member's percentage (without regard to special allocations) of:

	(i) Beginning		(ii) Ending	
Profit	0.0000	% •	0.0000	%
Loss	0.0000	% •	0.0000	%
Capital	0.0000	% •	0.0000	%

Check if decrease is due to: ☐ Sale or ☐ Exchange of LLC interest

D Member's share of liabilities:

	(i) Beginning		(ii) Ending	
Nonrecourse .....	\$	.00 •	\$	.00
Qualified nonrecourse financing .....	\$	.00 •	\$	.00
Recourse .....	\$	.00 •	\$	.00

Check the box if Item D includes liability amounts from lower-tier partnerships or LLCs ☐Check if any of the above liability is subject to guarantees or other payment obligations by the member ☐

E Reportable transaction or tax shelter registration number(s)

Member's name

JOHN A TICE

Member's identifying number

- F** (1) Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) ☐ ☐
(2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1) ☐ ☐
G Check here if this is: • (1) ☐ A final Schedule K-1 (568) (2) ☐ An amended Schedule K-1 (568)
H Is this member a resident of California? ☐ Yes ☒ No
I Did this member contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions ☐ Yes ☒ No
J Member's share of net unrecognized IRC Section 704(c) gain or (loss) (i) Beginning (ii) Ending

K Analysis of member's tax basis capital account.

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other increase (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
•	•	•		• ()	• 0

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Ordinary income (loss) from trade or business activities			•	▶
	2 Net income (loss) from rental real estate activities			•	▶
	3 Net income (loss) from other rental activities			•	•
	4 a Guaranteed payments for services				
	4 b Guaranteed payments for capital ...				
	4 c Total guaranteed payments			•	▶
	5 Interest income			•	▶
	6 Dividends			•	▶
	7 Royalties			•	▶
	8 Net short-term capital gain (loss)			•	▶
	9 Net long-term capital gain (loss)			•	▶
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)			•	▶
	b Total loss under IRC Section 1231 (other than due to casualty or theft)			•	▶
	11 a Other portfolio income (loss). Attach schedule			•	▶
	b Total other income			•	▶
	c Total other loss			•	▶

Member's name

JOHN A TICE

Member's identifying number

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery prop. (IRC Section 179)			<input type="radio"/>	<input checked="" type="radio"/>
	13 a Cash contributions			<input type="radio"/>	
	b Noncash contributions			<input type="radio"/>	
	c Investment interest expense			<input type="radio"/>	<input checked="" type="radio"/>
	d 1 Total expenditures to which an IRC Section 59(e) election may apply			<input type="radio"/>	<input checked="" type="radio"/>
	2 Type of expenditures <input checked="" type="radio"/>				
	e Deductions related to portfolio income. Attach schedule			<input type="radio"/>	<input checked="" type="radio"/>
f Other deductions. Attach schedule			<input type="radio"/>	<input checked="" type="radio"/>	
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC)			<input type="radio"/>	<input checked="" type="radio"/>
	b Low-income housing credit			<input type="radio"/>	<input checked="" type="radio"/>
	c Credits other than line 15b related to rental real estate activities			<input type="radio"/>	<input checked="" type="radio"/>
	d Credits related to other rental activities. Attach schedule			<input type="radio"/>	<input checked="" type="radio"/>
	e Nonconsenting nonresident members' tax paid by LLC			<input type="radio"/>	<input checked="" type="radio"/>
	f Other credits - Attach required schedules or statements			<input type="radio"/>	<input checked="" type="radio"/>
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986			<input type="radio"/>	<input checked="" type="radio"/>
	b Adjusted gain or loss			<input type="radio"/>	<input checked="" type="radio"/>
	c Depletion (other than oil & gas)			<input type="radio"/>	<input checked="" type="radio"/>
	d Gross income from oil, gas, and geothermal properties			<input type="radio"/>	<input checked="" type="radio"/>
	e Deductions allocable to oil, gas, and geothermal properties			<input type="radio"/>	<input checked="" type="radio"/>
	f Other alternative minimum tax items. Attach schedule			<input type="radio"/>	<input checked="" type="radio"/>
Tax-exempt income and Nondeductible Expenses	18 a Tax-exempt interest income			<input type="radio"/>	<input checked="" type="radio"/>
	b Other tax-exempt income			<input type="radio"/>	<input checked="" type="radio"/>
	c Nondeductible expenses			<input type="radio"/>	<input checked="" type="radio"/>
Distributions	19 a Distributions of money (cash and marketable securities)			<input type="radio"/>	
	b Distributions of property other than money			<input type="radio"/>	
Other Information	20 a Investment income			<input type="radio"/>	<input checked="" type="radio"/>
	b Investment expenses			<input type="radio"/>	<input checked="" type="radio"/>
	c Other information. See instructions			<input type="radio"/>	
21 <input type="checkbox"/> More than one activity for at-risk purposes. See instructions.					
22 <input type="checkbox"/> More than one activity for passive activity purposes. See instructions.					

Member's name

JOHN A TICE

Member's identifying number

Other Member Information**Table 1** - Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member):

Interest ... \$	<input type="text"/>	Sec. 1231 Gains/Losses \$	<input type="text"/>	Capital Gains/Losses \$	<input type="text"/>
Dividends \$	<input type="text"/>	Royalties	<input type="text"/>	Other	<input type="text"/>

FOR USE BY MEMBERS ONLY - See instructions.

Table 2 - Member's share of distributive items.

- A. Member's share of the LLC's business income. See instructions. \$
- B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses	\$ <input type="text"/>	Rents/Royalties	\$ <input type="text"/>
Sec. 1231 Gains/Losses	\$ <input type="text"/>	Other	\$ <input type="text"/>

- C. Member's distributive share of the LLC's property, payroll, and sales:

Factors**Total within and outside California****Total within California**

Property: Beginning	\$ <input type="text"/>	\$ <input type="text"/>
Property: Ending	\$ <input type="text"/>	\$ <input type="text"/>
Property: Annual rent expense	\$ <input type="text"/>	\$ <input type="text"/>
Payroll	\$ <input type="text"/>	\$ <input type="text"/>
Sales	\$ <input type="text"/>	\$ <input type="text"/>

TAXABLE YEAR

2024

Member's Share of Income,
Deductions, Credits, etc.429421 11-29-24
CALIFORNIA SCHEDULE

K-1 (568)

TYB 01-01-2024 TYE 12-31-2024

BROOKE

ARTHUR

27-4652069 201216810072
HOUSE SPIRITS DISTILLERY LLC65 SE WASHINGTON ST
PORTLAND OR 97214

Client Copy

A What type of entity is this member? • See instructions.

- (1) ☒ Individual (4) ☐ C Corporation (7) ☐ LLP (10) ☐ Exempt Organization
 (2) ☐ S Corporation (5) ☐ General Partnership (8) ☐ LLC (11a) ☐ Disregarded Entity (DE)
 (3) ☐ Estate/Trust (6) ☐ Limited Partnership (9) ☐ IRA/Keogh/SEP (11b) DE owner's name _____
 (11c) DE owner's TIN _____

B Is this member a foreign member? ☐ Yes ☒ No

C Enter member's percentage (without regard to special allocations) of:

	(i) Beginning		(ii) Ending	
Profit	0.0000	% •	0.0000	%
Loss	0.0000	% •	0.0000	%
Capital	0.0000	% •	0.0000	%

Check if decrease is due to: ☐ Sale or ☐ Exchange of LLC interest

D Member's share of liabilities:

	(i) Beginning		(ii) Ending	
Nonrecourse .....	\$	.00 •	\$	.00
Qualified nonrecourse financing .....	\$	.00 •	\$	.00
Recourse .....	\$	.00 •	\$	.00

Check the box if Item D includes liability amounts from lower-tier partnerships or LLCs ☐Check if any of the above liability is subject to guarantees or other payment obligations by the member ☐

E Reportable transaction or tax shelter registration number(s)

Member's name

BROOKE ARTHUR

Member's identifying number

- F** (1) Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) ☒ ☐
(2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1) ☒ ☐
G Check here if this is: • (1) ☐ A final Schedule K-1 (568) (2) ☐ An amended Schedule K-1 (568)
H Is this member a resident of California? ☒ Yes ☐ No
I Did this member contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions ☐ Yes ☒ No
J Member's share of net unrecognized IRC Section 704(c) gain or (loss) (i) Beginning (ii) Ending

K Analysis of member's tax basis capital account.

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other increase (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
•	•	•		• ()	• 0

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Ordinary income (loss) from trade or business activities			•	▶
	2 Net income (loss) from rental real estate activities			•	▶
	3 Net income (loss) from other rental activities			•	•
	4 a Guaranteed payments for services				
	4 b Guaranteed payments for capital ...				
	4 c Total guaranteed payments			•	▶
	5 Interest income			•	▶
	6 Dividends			•	▶
	7 Royalties			•	▶
	8 Net short-term capital gain (loss)			•	▶
	9 Net long-term capital gain (loss)			•	▶
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)			•	▶
	b Total loss under IRC Section 1231 (other than due to casualty or theft)			•	▶
	11 a Other portfolio income (loss). Attach schedule			•	▶
	b Total other income			•	▶
	c Total other loss			•	▶

Member's name

BROOKE ARTHUR

Member's identifying number

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery prop. (IRC Section 179)			<input type="radio"/>	<input checked="" type="radio"/>
	13 a Cash contributions			<input type="radio"/>	
	b Noncash contributions			<input type="radio"/>	
	c Investment interest expense			<input type="radio"/>	<input checked="" type="radio"/>
	d 1 Total expenditures to which an IRC Section 59(e) election may apply			<input type="radio"/>	<input checked="" type="radio"/>
	2 Type of expenditures <input checked="" type="radio"/>				
	e Deductions related to portfolio income. Attach schedule			<input type="radio"/>	<input checked="" type="radio"/>
	f Other deductions. Attach schedule			<input type="radio"/>	<input checked="" type="radio"/>
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC)			<input type="radio"/>	<input checked="" type="radio"/>
	b Low-income housing credit			<input type="radio"/>	<input checked="" type="radio"/>
	c Credits other than line 15b related to rental real estate activities			<input type="radio"/>	<input checked="" type="radio"/>
	d Credits related to other rental activities. Attach schedule			<input type="radio"/>	<input checked="" type="radio"/>
	e Nonconsenting nonresident members' tax paid by LLC			<input type="radio"/>	<input checked="" type="radio"/>
	f Other credits - Attach required schedules or statements			<input type="radio"/>	<input checked="" type="radio"/>
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986			<input type="radio"/>	<input checked="" type="radio"/>
	b Adjusted gain or loss			<input type="radio"/>	<input checked="" type="radio"/>
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	e Deductions allocable to oil, gas, and geothermal properties			<input type="radio"/>	<input checked="" type="radio"/>
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Tax-exempt income and Nondeductible Expenses	18 a Tax-exempt interest income			<input type="radio"/>	<input checked="" type="radio"/>
	b Other tax-exempt income			<input type="radio"/>	<input checked="" type="radio"/>
	c Nondeductible expenses			<input type="radio"/>	<input checked="" type="radio"/>
Distributions	19 a Distributions of money (cash and marketable securities)			<input type="radio"/>	
	b Distributions of property other than money			<input type="radio"/>	
Other Information	20 a Investment income			<input type="radio"/>	<input checked="" type="radio"/>
	b Investment expenses			<input type="radio"/>	<input checked="" type="radio"/>
	c Other information. See instructions			<input type="radio"/>	
	21 <input type="checkbox"/> More than one activity for at-risk purposes. See instructions.				
	22 <input type="checkbox"/> More than one activity for passive activity purposes. See instructions.				

Member's name

BROOKE ARTHUR

Member's identifying number

Other Member Information**Table 1** - Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member):

Interest ... \$	<input type="text"/>	Sec. 1231 Gains/Losses \$	<input type="text"/>	Capital Gains/Losses \$	<input type="text"/>
Dividends \$	<input type="text"/>	Royalties	<input type="text"/>	Other	<input type="text"/>

FOR USE BY MEMBERS ONLY - See instructions.

Table 2 - Member's share of distributive items.

- A. Member's share of the LLC's business income. See instructions. \$
- B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses	\$ <input type="text"/>	Rents/Royalties	\$ <input type="text"/>
Sec. 1231 Gains/Losses	\$ <input type="text"/>	Other	\$ <input type="text"/>

- C. Member's distributive share of the LLC's property, payroll, and sales:

Factors**Total within and outside California****Total within California**

Property: Beginning	\$ <input type="text"/>	\$ <input type="text"/>
Property: Ending	\$ <input type="text"/>	\$ <input type="text"/>
Property: Annual rent expense	\$ <input type="text"/>	\$ <input type="text"/>
Payroll	\$ <input type="text"/>	\$ <input type="text"/>
Sales	\$ <input type="text"/>	\$ <input type="text"/>

TAXABLE YEAR

2024

Member's Share of Income,
Deductions, Credits, etc.429421 11-29-24
CALIFORNIA SCHEDULE

K-1 (568)

TYB 01-01-2024 TYE 12-31-2024

CHRISTIAN

KROGSTAD

27-4652069 201216810072
HOUSE SPIRITS DISTILLERY LLC65 SE WASHINGTON ST
PORTLAND OR 97214

Client Copy

A What type of entity is this member? • See instructions.

- (1) ☒ Individual (4) ☐ C Corporation (7) ☐ LLP (10) ☐ Exempt Organization
 (2) ☐ S Corporation (5) ☐ General Partnership (8) ☐ LLC (11a) ☐ Disregarded Entity (DE)
 (3) ☐ Estate/Trust (6) ☐ Limited Partnership (9) ☐ IRA/Keogh/SEP (11b) DE owner's name _____
 (11c) DE owner's TIN _____

B Is this member a foreign member? ☐ Yes ☒ No

C Enter member's percentage (without regard to special allocations) of:

	(i) Beginning		(ii) Ending	
Profit	0.0000	% •	0.0000	%
Loss	0.0000	% •	0.0000	%
Capital	0.0000	% •	0.0000	%

Check if decrease is due to: ☐ Sale or ☐ Exchange of LLC interest

D Member's share of liabilities:

	(i) Beginning		(ii) Ending	
Nonrecourse .....	\$	.00 •	\$	.00
Qualified nonrecourse financing .....	\$	.00 •	\$	.00
Recourse .....	\$	.00 •	\$	.00

Check the box if Item D includes liability amounts from lower-tier partnerships or LLCs ☐Check if any of the above liability is subject to guarantees or other payment obligations by the member ☐

E Reportable transaction or tax shelter registration number(s)

Member's name

CHRISTIAN KROGSTAD

Member's identifying number

- F** (1) Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) ☐ (2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1) ☐
- G** Check here if this is: • (1) ☐ A final Schedule K-1 (568) (2) ☐ An amended Schedule K-1 (568)
- H** Is this member a resident of California? ☐ Yes ☒ No
- I** Did this member contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions ☐ Yes ☒ No
- J** Member's share of net unrecognized IRC Section 704(c) gain or (loss) (i) Beginning (ii) Ending

K Analysis of member's tax basis capital account.

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other increase (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
• -701,272 •		•		• ()	• -701,272

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Ordinary income (loss) from trade or business activities			•	▶
	2 Net income (loss) from rental real estate activities			•	▶
	3 Net income (loss) from other rental activities			•	•
	4 a Guaranteed payments for services				
	4 b Guaranteed payments for capital ...				
	4 c Total guaranteed payments			•	▶
	5 Interest income			•	▶
	6 Dividends			•	▶
	7 Royalties			•	▶
	8 Net short-term capital gain (loss)			•	▶
	9 Net long-term capital gain (loss)			•	▶
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)			•	▶
	b Total loss under IRC Section 1231 (other than due to casualty or theft)			•	▶
	11 a Other portfolio income (loss). Attach schedule			•	▶
	b Total other income			•	▶
	c Total other loss			•	▶

Member's name

CHRISTIAN KROGSTAD

Member's identifying number

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery prop. (IRC Section 179)			<input type="radio"/>	<input checked="" type="radio"/>
	13 a Cash contributions			<input type="radio"/>	
	b Noncash contributions			<input type="radio"/>	
	c Investment interest expense			<input type="radio"/>	<input checked="" type="radio"/>
	d 1 Total expenditures to which an IRC Section 59(e) election may apply			<input type="radio"/>	<input checked="" type="radio"/>
	2 Type of expenditures <input checked="" type="radio"/>				
	e Deductions related to portfolio income. Attach schedule			<input type="radio"/>	<input checked="" type="radio"/>
f Other deductions. Attach schedule			<input type="radio"/>	<input checked="" type="radio"/>	
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC)			<input type="radio"/>	<input checked="" type="radio"/>
	b Low-income housing credit			<input type="radio"/>	<input checked="" type="radio"/>
	c Credits other than line 15b related to rental real estate activities			<input type="radio"/>	<input checked="" type="radio"/>
	d Credits related to other rental activities. Attach schedule			<input type="radio"/>	<input checked="" type="radio"/>
	e Nonconsenting nonresident members' tax paid by LLC			<input type="radio"/>	<input checked="" type="radio"/>
	f Other credits - Attach required schedules or statements			<input type="radio"/>	<input checked="" type="radio"/>
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986			<input type="radio"/>	<input checked="" type="radio"/>
	b Adjusted gain or loss			<input type="radio"/>	<input checked="" type="radio"/>
	c Depletion (other than oil & gas)			<input type="radio"/>	<input checked="" type="radio"/>
	d Gross income from oil, gas, and geothermal properties			<input type="radio"/>	<input checked="" type="radio"/>
	e Deductions allocable to oil, gas, and geothermal properties			<input type="radio"/>	<input checked="" type="radio"/>
	f Other alternative minimum tax items. Attach schedule			<input type="radio"/>	<input checked="" type="radio"/>
Tax-exempt income and Nondeductible Expenses	18 a Tax-exempt interest income			<input type="radio"/>	<input checked="" type="radio"/>
	b Other tax-exempt income			<input type="radio"/>	<input checked="" type="radio"/>
	c Nondeductible expenses			<input type="radio"/>	<input checked="" type="radio"/>
Distributions	19 a Distributions of money (cash and marketable securities)			<input type="radio"/>	
	b Distributions of property other than money			<input type="radio"/>	
Other Information	20 a Investment income			<input type="radio"/>	<input checked="" type="radio"/>
	b Investment expenses			<input type="radio"/>	<input checked="" type="radio"/>
	c Other information. See instructions			<input type="radio"/>	
21 <input type="checkbox"/> More than one activity for at-risk purposes. See instructions.					
22 <input type="checkbox"/> More than one activity for passive activity purposes. See instructions.					

Member's name

CHRISTIAN KROGSTAD

Member's identifying number

Other Member Information**Table 1** - Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member):

Interest ... \$	<input type="text"/>	Sec. 1231 Gains/Losses \$	<input type="text"/>	Capital Gains/Losses \$	<input type="text"/>
Dividends \$	<input type="text"/>	Royalties	<input type="text"/>	Other	<input type="text"/>

FOR USE BY MEMBERS ONLY - See instructions.

Table 2 - Member's share of distributive items.

- A. Member's share of the LLC's business income. See instructions. \$
- B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses	\$ <input type="text"/>	Rents/Royalties	\$ <input type="text"/>
Sec. 1231 Gains/Losses	\$ <input type="text"/>	Other	\$ <input type="text"/>

- C. Member's distributive share of the LLC's property, payroll, and sales:

Factors**Total within and outside California****Total within California**

Property: Beginning	\$ <input type="text"/>	\$ <input type="text"/>
Property: Ending	\$ <input type="text"/>	\$ <input type="text"/>
Property: Annual rent expense	\$ <input type="text"/>	\$ <input type="text"/>
Payroll	\$ <input type="text"/>	\$ <input type="text"/>
Sales	\$ <input type="text"/>	\$ <input type="text"/>

TAXABLE YEAR

2024

**Member's Share of Income,
Deductions, Credits, etc.**
429421 11-29-24
CALIFORNIA SCHEDULE**K-1 (568)**
 TYB 01-01-2024 TYE 12-31-2024
81-3718161

LIQUOR INVESTMENT LLC

 801 MAIN AVENUE
NORWALK CT 06851

 27-4652069 201216810072
HOUSE SPIRITS DISTILLERY LLC

 65 SE WASHINGTON ST
PORTLAND OR 97214
A What type of entity is this member? • See instructions.

- (1) ☐ Individual (4) ☐ C Corporation (7) ☐ LLP (10) ☐ Exempt Organization
 (2) ☐ S Corporation (5) ☐ General Partnership (8) ☐ LLC (11a) ☐ Disregarded Entity (DE)
 (3) ☐ Estate/Trust (6) ☒ Limited Partnership (9) ☐ IRA/Keogh/SEP (11b) DE owner's name _____
 (11c) DE owner's TIN _____

B Is this member a foreign member? ☐ Yes ☒ No**C** Enter member's percentage (without regard to special allocations) of:

	(i) Beginning		(ii) Ending	
Profit	32.8171	% •	32.8171	%
Loss	32.8171	% •	32.8171	%
Capital	32.8171	% •	32.8171	%

 Check if decrease is due to: ☐ Sale or ☐ Exchange of LLC interest
D Member's share of liabilities:

	(i) Beginning		(ii) Ending	
Nonrecourse .....	\$	.00 •	\$	.00
Qualified nonrecourse financing .....	\$	.00 •	\$	.00
Recourse .....	\$	.00 •	\$	.00

 Check the box if Item D includes liability amounts from lower-tier partnerships or LLCs ☐

 Check if any of the above liability is subject to guarantees or other payment obligations by the member ☐
E Reportable transaction or tax shelter registration number(s)

Member's name

LIQUOR INVESTMENT LLC

Member's identifying number

81-3718161

- F** (1) Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) ☐ (2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1) ☐
- G** Check here if this is: • (1) ☐ A final Schedule K-1 (568) (2) ☐ An amended Schedule K-1 (568)
- H** Is this member a resident of California? ☐ Yes ☒ No
- I** Did this member contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions ☐ Yes ☒ No
- J** Member's share of net unrecognized IRC Section 704(c) gain or (loss) (i) Beginning (ii) Ending

K Analysis of member's tax basis capital account.

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other increase (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
•	•	•		• ()	• 0

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Ordinary income (loss) from trade or business activities			•	▶
	2 Net income (loss) from rental real estate activities			•	▶
	3 Net income (loss) from other rental activities			•	▶
	4 a Guaranteed payments for services				
	4 b Guaranteed payments for capital				
	4 c Total guaranteed payments			•	▶
	5 Interest income			•	▶
	6 Dividends			•	▶
	7 Royalties			•	▶
	8 Net short-term capital gain (loss)			•	▶
	9 Net long-term capital gain (loss)			•	▶
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)			•	▶
	b Total loss under IRC Section 1231 (other than due to casualty or theft)			•	▶
	11 a Other portfolio income (loss). Attach schedule			•	▶
	b Total other income			•	▶
	c Total other loss			•	▶

Member's name

LIQUOR INVESTMENT LLC

Member's identifying number

81-3718161

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery prop. (IRC Section 179)			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	13 a Cash contributions			<input checked="" type="radio"/>	
	b Noncash contributions			<input checked="" type="radio"/>	
	c Investment interest expense			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	d 1 Total expenditures to which an IRC Section 59(e) election may apply			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	2 Type of expenditures <input checked="" type="radio"/>				
	e Deductions related to portfolio income. Attach schedule			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	f Other deductions. Attach schedule			<input checked="" type="radio"/>	<input checked="" type="radio"/>
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC)			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	b Low-income housing credit			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	c Credits other than line 15b related to rental real estate activities			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	d Credits related to other rental activities. Attach schedule			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	e Nonconsenting nonresident members' tax paid by LLC			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	f Other credits - Attach required schedules or statements			<input checked="" type="radio"/>	<input checked="" type="radio"/>
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	b Adjusted gain or loss			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	c Depletion (other than oil & gas)			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	d Gross income from oil, gas, and geothermal properties			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	e Deductions allocable to oil, gas, and geothermal properties			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	f Other alternative minimum tax items. Attach schedule			<input checked="" type="radio"/>	<input checked="" type="radio"/>
Tax-exempt income and Nondeductible Expenses	18 a Tax-exempt interest income			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	b Other tax-exempt income			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	c Nondeductible expenses			<input checked="" type="radio"/>	<input checked="" type="radio"/>
Distributions	19 a Distributions of money (cash and marketable securities)			<input checked="" type="radio"/>	
	b Distributions of property other than money			<input checked="" type="radio"/>	
Other Information	20 a Investment income			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	b Investment expenses			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	c Other information. See instructions			<input checked="" type="radio"/>	
	21 <input type="checkbox"/> More than one activity for at-risk purposes. See instructions.				
	22 <input type="checkbox"/> More than one activity for passive activity purposes. See instructions.				

Member's name

LIQUOR INVESTMENT LLC

Member's identifying number

81-3718161

Other Member Information

Table 1 - Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member):

Interest ... \$	<input type="text"/>	Sec. 1231 Gains/Losses \$	<input type="text"/>	Capital Gains/Losses \$	<input type="text"/>
Dividends \$	<input type="text"/>	Royalties	<input type="text"/>	Other	<input type="text"/>

FOR USE BY MEMBERS ONLY - See instructions.

Table 2 - Member's share of distributive items.

- A. Member's share of the LLC's business income. See instructions. \$
- B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses	\$ <input type="text"/>	Rents/Royalties	\$ <input type="text"/>
Sec. 1231 Gains/Losses	\$ <input type="text"/>	Other	\$ <input type="text"/>

- C. Member's distributive share of the LLC's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning	\$ <input type="text"/>	\$ <input type="text"/>
Property: Ending	\$ <input type="text"/>	\$ <input type="text"/>
Property: Annual rent expense	\$ <input type="text"/>	\$ <input type="text"/>
Payroll	\$ <input type="text"/>	\$ <input type="text"/>
Sales	\$ <input type="text"/>	\$ <input type="text"/>

TAXABLE YEAR

2024

**Member's Share of Income,
Deductions, Credits, etc.**
429421 11-29-24
CALIFORNIA SCHEDULE**K-1 (568)**
 TYB 01-01-2024 TYE 12-31-2024
 81-3718161

LIQUOR INVESTMENT LLC PREFERRED INTEREST

 801 MAIN AVENUE
 NORWALK CT 06851

 27-4652069 201216810072
 HOUSE SPIRITS DISTILLERY LLC

 65 SE WASHINGTON ST
 PORTLAND OR 97214
A What type of entity is this member? • See instructions.

- (1) ☐ Individual (4) ☐ C Corporation (7) ☐ LLP (10) ☐ Exempt Organization
 (2) ☐ S Corporation (5) ☐ General Partnership (8) ☐ LLC (11a) ☐ Disregarded Entity (DE)
 (3) ☐ Estate/Trust (6) ☒ Limited Partnership (9) ☐ IRA/Keogh/SEP (11b) DE owner's name _____
 (11c) DE owner's TIN _____

B Is this member a foreign member? ☐ Yes ☒ No**C** Enter member's percentage (without regard to special allocations) of:

(i) Beginning

(ii) Ending

Profit	0.0000	%	•	0.0000	%
Loss	0.0000	%	•	0.0000	%
Capital	0.0000	%	•	0.0000	%

Check if decrease is due to: ☐ Sale or ☐ Exchange of LLC interest**D** Member's share of liabilities:

(i) Beginning

(ii) Ending

Nonrecourse .....	\$		.00	•	\$		.00
Qualified nonrecourse financing .....	\$		.00	•	\$		.00
Recourse .....	\$		.00	•	\$		.00

Check the box if Item D includes liability amounts from lower-tier partnerships or LLCs ☐Check if any of the above liability is subject to guarantees or other payment obligations by the member ☐**E** Reportable transaction or tax shelter registration number(s)

Member's name

LIQUOR INVESTMENT LLC PREFERRED INTER

Member's identifying number

81-3718161

- F** (1) Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) ☐ (2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1) ☐
- G** Check here if this is: • (1) ☐ A final Schedule K-1 (568) (2) ☐ An amended Schedule K-1 (568)
- H** Is this member a resident of California? ☐ Yes ☒ No
- I** Did this member contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions ☐ Yes ☒ No
- J** Member's share of net unrecognized IRC Section 704(c) gain or (loss) (i) Beginning (ii) Ending

K Analysis of member's tax basis capital account.

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other increase (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
• 34,679,259	• 9,300,000	• -10,138,423		• ()	• 33,840,836

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Ordinary income (loss) from trade or business activities	-10019827	-2,957	• -10022784	▶ -1,960,743
	2 Net income (loss) from rental real estate activities			•	▶
	3 Net income (loss) from other rental activities			•	•
	4 a Guaranteed payments for services				
	4 b Guaranteed payments for capital				
	4 c Total guaranteed payments			•	▶
	5 Interest income			•	▶
	6 Dividends			•	▶
	7 Royalties			•	▶
	8 Net short-term capital gain (loss)			•	▶
	9 Net long-term capital gain (loss)			•	▶
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)			•	▶
	b Total loss under IRC Section 1231 (other than due to casualty or theft)			•	▶
	11 a Other portfolio income (loss). Attach schedule			•	▶
	b Total other income			•	▶
	c Total other loss			•	▶

Member's name

LIQUOR INVESTMENT LLC PREFERRED INTER

Member's identifying number

81-3718161

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery prop. (IRC Section 179)			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	13 a Cash contributions STMT	11,142		<input checked="" type="radio"/> 11,142	
	b Noncash contributions			<input checked="" type="radio"/>	
	c Investment interest expense			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	d 1 Total expenditures to which an IRC Section 59(e) election may apply			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	2 Type of expenditures <input checked="" type="radio"/>				
	e Deductions related to portfolio income. Attach schedule			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	f Other deductions. Attach schedule			<input checked="" type="radio"/>	<input checked="" type="radio"/>
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC)			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	b Low-income housing credit			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	c Credits other than line 15b related to rental real estate activities			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	d Credits related to other rental activities. Attach schedule			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	e Nonconsenting nonresident members' tax paid by LLC			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	f Other credits - Attach required schedules or statements			<input checked="" type="radio"/>	<input checked="" type="radio"/>
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	b Adjusted gain or loss			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	c Depletion (other than oil & gas)			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	d Gross income from oil, gas, and geothermal properties			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	e Deductions allocable to oil, gas, and geothermal properties			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	f Other alternative minimum tax items. Attach schedule			<input checked="" type="radio"/>	<input checked="" type="radio"/>
Tax-exempt income and Nondeductible Expenses	18 a Tax-exempt interest income			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	b Other tax-exempt income			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	c Nondeductible expenses	107,454	-2,957	<input checked="" type="radio"/> 104,497	<input checked="" type="radio"/> 20,443
Distributions	19 a Distributions of money (cash and marketable securities)			<input checked="" type="radio"/>	
	b Distributions of property other than money			<input checked="" type="radio"/>	
Other Information	20 a Investment income			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	b Investment expenses			<input checked="" type="radio"/>	<input checked="" type="radio"/>
	c Other information. See instructions			<input checked="" type="radio"/>	
	21 <input type="checkbox"/> More than one activity for at-risk purposes. See instructions.				
	22 <input type="checkbox"/> More than one activity for passive activity purposes. See instructions.				

Member's name

LIQUOR INVESTMENT LLC PREFERRED INTER

Member's identifying number

81-3718161

Other Member Information**Table 1** - Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member):

Interest ... \$	<input type="text"/>	Sec. 1231 Gains/Losses \$	<input type="text"/>	Capital Gains/Losses \$	<input type="text"/>
Dividends \$	<input type="text"/>	Royalties	<input type="text"/>	Other	<input type="text"/>

FOR USE BY MEMBERS ONLY - See instructions.

Table 2 - Member's share of distributive items.

- A. Member's share of the LLC's business income. See instructions. \$
- B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses	\$ <input type="text"/>	Rents/Royalties	\$ <input type="text"/>
Sec. 1231 Gains/Losses	\$ <input type="text"/>	Other	\$ <input type="text"/>

- C. Member's distributive share of the LLC's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning	\$ <input type="text"/>	\$ <input type="text"/>
Property: Ending	\$ <input type="text"/>	\$ <input type="text"/>
Property: Annual rent expense	\$ <input type="text"/>	\$ <input type="text"/>
Payroll	\$ <input type="text"/>	\$ <input type="text"/>
Sales	\$ <input type="text"/>	\$ <input type="text"/>

CA SCHEDULE K-1 NONDEDUCTIBLE EXPENSES

DESCRIPTION	AMOUNT	AMOUNT CA SOURCE
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	104,497.	20,443.
TOTAL TO SCHEDULE K-1, LINE 18C	104,497.	20,443.

CA SCHEDULE K-1 CASH CONTRIBUTIONS

DESCRIPTION	AMOUNT	AMOUNT CA SOURCE
CHARITABLE CONTRIBUTIONS - CASH - 50% LIMIT	11,142.	
TOTAL TO SCHEDULE K-1, LINE 13A	11,142.	

CA SCHEDULE K-1 AGGREGATE GROSS RECEIPTS FOR AMT EXCLUSION

DESCRIPTION	AMOUNT
GROSS SALES LESS RETURNS	4,370,465.
TOTAL	4,370,465.

NJ-1065
2024
Page 1



STATE OF NEW JERSEY INCOME TAX - PARTNERSHIP RETURN

For Privacy Act Notification, See Instructions
For Calendar Year 2024, or Tax Year
Beginning _____ and Ending _____

HOUSE SPIRITS DISTILLERY LLC

65 SE WASHINGTON ST

PORTLAND

OR 97214

274652069 DISTILLERY

06202011

1019 1050.00 12 P01791864 931304312

of Resident Partners

7 # of Nonresident Partners with Physical Nexus to NJ

of Nonresident Partners without Physical Nexus to NJ



466971 10-11-24 1019

Under the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than general partner) is based on all information of which preparer has any knowledge.

Pay the amount on Line 6 of the Filing Fee Worksheet in full. Write your Federal EIN and the tax year on the check or money order and make payable to: STATE OF NEW JERSEY - PART

DO NOT staple or otherwise attach your payment to return NJ-1065.

Mail your completed Form NJ-1065 to: NJ Division of Taxation - Revenue Processing Center, PO Box 194, Trenton, NJ 08646-0194.

Mail your payment and completed NJ-1065-V payment voucher to:
Filing Fee on Partnerships, PO Box 642, Trenton, NJ 08646-0642.

Signature of General Partner or Limited Liability Company Member _____ Date _____
Paid Preparer's Signature _____ Date _____ Check if Self-Employed ☒

Firm's Name (or yours if self-employed)
IRVINE & COMPANY, CPA'S, LLC

Preparer's SS# or PTIN
P01791864

Preparer's Address **345 NE 102ND AVE.**
PORTLAND, OR 97220-4108

Preparer's Federal EIN#
931304312



NJ-1065 (2024)

PAGE 2

HOUSE SPIRITS DISTILLERY LLC

274652069

1019

Check applicable boxes

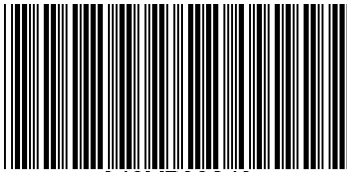
Initial Return	Investment Club
Final Return	Composite Return is filed for Nonresident Partner
Amended Return	Controlling Interest Transfer Tax
Application for Federal Extension is attached	Tiered Partnership
Substitute Method of Allocation Granted	General Partnership
Complete Liquidation	Limited Partnership
Qualified Investment Partnership	<input checked="" type="checkbox"/> Limited Liability Company
Listed on U.S. National Stock Exchange	Limited Liability Partnership
Hedge Fund	

Partnership Income

Column A
Amount from All Sources

Column B
Amount from NJ Sources

1. Ordinary Income (loss) from trade or business activities (See instruction)	1.	-10019827	.	
2. Net income (loss) from rental real estate activities	2.		.	
3. Net income (loss) from other rental activities	3.		.	
4. Guaranteed payments to partners	4.		.	
5. Interest income	5.		.	
6. Dividend income	6.		.	
7. Royalty income	7.		.	
8. Net gain (loss) from disposition of property	8.		.	
9. Net IRC section 1231 gain (loss)	9.		.	
10. Other income (loss)	10.		.	
11. Tax-exempt interest income	11.		.	
12. Subtotal (Add lines 1 through 11)	12.	-10019827	.	
13a. Taxes based on income	13a.	.		
13b. Add: diff btwn federal K-1 and NJK-1 for nonunitary part.	13b.	.		
13c. Other additions - specify: _____	13c.	.		
13d. Total additions (Add lines 13a through 13c)	13d.		.	
14. Subtotal (Add lines 12 and 13d)	14.	-10019827	.	
15a. Guaranteed payments to partners	15a.	.		
15b. Interest income from federal obligations	15b.	.		
15c. Interest income from NJ obligations	15c.	.		
15d. IRC section 179 expense	15d.	.		
15e. Subtract: diff btwn fed K-1 and NJK-1 for nonunitary part.	15e.	.		
15f. Other subtractions - specify: STMT 1	15f.	104497	.	
15g. Total subtractions (Add lines 15a through 15f)	15g.	104497	.	
16. Net partnership income (Subtract line 15g from line 14)	16.	-10124324	.	
17. Net Nonoperational income (loss) (from Schedule O, Part I, line 16)	17.		.	
18. Nonunitary partnership income (loss) (see instructions)	18.		.	
19a. Total operational income (Subtract lines 17 and 18 from line 16)	19a.	-10124324	.	
19b. Allocated operational income (Line 19a times allocation factor 0001310 %)	19b.		.	-13263
20. Nonoperational income (loss) (see instructions)	20.		.	.
21. Nonunitary partnership income (loss) (see instructions)	21.		.	.
22. Partnership income (loss) (see instructions)	22.	-10124324	.	-13263
23a. Guaranteed payments to partners	23a.	.	.	.
23b. Guaranteed payments to partners - pension	23b.	.	.	.
23c. Net guaranteed payment to partners (Subtract line 23b from line 23a)	23c.	.	.	.
24. Net gain (loss) from disposition of assets as a result of a complete liquidation	24.	.	.	.
25. Total Nonresident Noncorporate Partners Share of Tax (Line 1c, col. I of Directory)	25.		.	.
26. Total Nonresident Corporate Partners Share of Tax (Line 1c, col. J of Directory)	26.		.	.



043MP03240

NJ-1065 (2024)

PAGE 3

HOUSE SPIRITS DISTILLERY LLC

274652069

1019

Partnership Filing Fee

1a. Number of Resident Partners	X \$150.00 =	1a.	.
1b. Number of Nonresident Partners with Physical Nexus to New Jersey	7 X \$150.00 =	1b.	1050 .
1c. Number of Nonresident Partners without Physical Nexus to New Jersey	X \$150.00 X 0001310 = Allocation Factor	1c.	.
1d. Filing Fee (Add lines 1a - 1c, but do not enter more than \$250,000)		1d.	1050 .
2. Installment Payment		2.	525 .
3. Less: Pass-Through Bus. Alt. Inc. Tax Credit		3.	.
4. Less: Installment Payment from 2023		4.	525 .
5. Less: PART-200-T Payment		5.	.
6. Balance Due		6.	1050 .
7. Refund		7.	.

Partners Directory

List all partners, including principal address. Add additional sheets as necessary.

Code	% owned by Partner	Final	SS Number or FEIN	Partner Name	City	State
NP	06718		274651965	ASTORIA LLC		
				Partner Address		
				65 SE WASHINGTON ST	PORTLAND	OR
				ZIP Code		
				97214		
	C.	D.	E.	F.	G.	

H.	I.	J.	K.
----	----	----	----

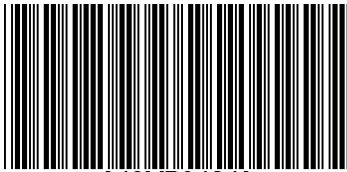
Code	% owned by Partner	Final	SS Number or FEIN	Partner Name	City	State
NP	03281		813718161	LIQUOR INVESTMENT LLC		
				Partner Address		
				801 MAIN AVENUE	NORWALK	CT
				ZIP Code		
				06851		
	C.	D.	E.	F.	G.	

H.	I.	J.	K.
----	----	----	----

Code	% owned by Partner	Final	SS Number or FEIN	Partner Name	City	State
NR	00000			CHRISTIAN KROGSTAD		
				Partner Address		
				ZIP Code		
	C.	D.	E.	F.	G.	

H.	I.	J.	K.
----	----	----	----

1a. Total this page.	Col. I	0	Col. J	0	Col. K	0
1b. Total from additional pages attached.	Col. I	0	Col. J	0	Col. K	0
1c. Total Tax (add Lines 1a and 1b)	Col. I	0	Col. J	0	Col. K	0



043MP04240

NJ-1065 (2024)

PAGE 4

HOUSE SPIRITS DISTILLERY LLC

274652069

1019

Partners Directory

List all partners, including principal address. Add additional sheets as necessary.

Code	% owned by Partner	Final	SS Number or FEIN	Partner Name	City	State
NR	00000			JOHN A TICE		
Partner Address						
ZIP Code						
	C.	D.	E.	F.	G.	
H.	I.	J.	K.			

Code	% owned by Partner	Final	SS Number or FEIN	Partner Name	City	State
NR	00000			BROOKE ARTHUR		
Partner Address						
ZIP Code						
	C.	D.	E.	F.	G.	
H.	I.	J.	K.			

Code	% owned by Partner	Final	SS Number or FEIN	Partner Name	City	State
NR	00000			CHRISTIAN KROGSTAD		
Partner Address						
ZIP Code						
	C.	D.	E.	F.	G.	
H.	I.	J.	K.			

Code	% owned by Partner	Final	SS Number or FEIN	Partner Name	City	State
NP	00000		813718161	LIQUOR INVESTMENT LLC PREFERRED INT		
Partner Address						
ZIP Code						
	C.	D.	E.	F.	G.	
H.	I.	J.	K.			

Total This Page.	Col. I	0	Col. J	0	Col. K	0
------------------	--------	---	--------	---	--------	---

NJ-NR-A
(10-24)

New Jersey Gross Income Tax
Business Allocation Schedule
For Tax Years Beginning On and After January 1, 2023

Use this schedule if business activities are carried on both inside and outside New Jersey or if business activities are carried on 100% outside New Jersey.

For tax years beginning on and after January 1, 2023, services are sourced based on market sourcing, not cost of performance.

This form must be enclosed and filed with your New Jersey Income Tax return.

Enter name, address, and Social Security/federal employer identification number as shown on Form NJ-1040NR, NJ-1041, or NJ-1065.		
Legal name of taxpayer HOUSE SPIRITS DISTILLERY LLC	Social Security Number/Federal EIN 274652069	
Trade name of business if different from legal name above	For the Tax Year Ending (Month, Day, Year) 12/31/24	
Address (number and street or rural route) 65 SE WASHINGTON ST		
City or Post Office PORTLAND, OR 97214	State	ZIP Code

Allocation Factor

Receipts:	Amount (omit cents)	
1. From sales of tangible personal property shipped to points within New Jersey	1.	5,726
2. From services, if the benefit of the service is received in New Jersey.....	2.	0
3. From rentals of property situated in New Jersey	3.	0
4. From royalties for the use in New Jersey of patents, copyrights, and trademarks	4.	0
5. All other business receipts earned in New Jersey	5.	0
6. Total New Jersey receipts (Total of lines 1 through 5).	6.	5,726
7. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere	7.	4,370,465
8. Allocation Factor (Divide line 6 by line 7) Carry the fraction to 6 decimal places.	8.	.001310

HOUSE SPIRITS DISTILLERY LLC

27-4652069

NJ-1065	OTHER SUBTRACTIONS	STATEMENT	1
---------	--------------------	-----------	---

DESCRIPTION

AMOUNT

50% OF MEALS AND ENTERTAINMENT

104,497.

AMOUNT TO FORM NJ-1065, LINE 15G

104,497.

Client Copy

Schedule NJK-1

(Form NJ-1065)

**State of New Jersey
Partner's Share of Income**

For Calendar Year 2024, or Fiscal Year Beginning _____, 2024 and ending _____, _____.

**1019
2024****Part I General Information**

Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.)

27-4651965

Partnership's Federal EIN

27-4652069

Partner's Name

ASTORIA LLC

Partnership's Name

HOUSE SPIRITS DISTILLERY LLC

Street Address

65 SE WASHINGTON ST

Partnership's Street Address

65 SE WASHINGTON ST

City

State

ZIP Code

PORTLAND, OR 97214

City

State

ZIP Code

PORTLAND, OR 97214

What type of entity is partner?

NP

(see instructions)

Code

Date partner's interest in partnership began: **06/20/2011**

Month Day Year

☐

Final NJK-1

☐

Hedge Fund

☐

Amended NJK-1

☐

Member of Composite Return

☐ If the partner is a disregarded entity, check the box and enter the partner's:

Federal EIN

Name

Enter partner's percentage of:

(i) Before Decrease
or Termination

(ii) End of Year

Profit Sharing **67.1828936 %** **67.1828936 %**Loss Sharing **67.1828936 %** **67.1828936 %**Capital Ownership **67.1829025 %** **67.1829025 %****Part II Income Information**

Income Classification	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (Loss)				
2. Net Guaranteed Payments				
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus line 2 minus line 3)		Line 21		Line 23
5. Pension		Line 20a		
6. Net Gain (Loss) From Disposition of Assets as a Result of a Complete Liquidation		Line 19		Line 19

Part III Partner's Information

1. Nonresident Partner's Share of NJ Tax	1.		Line 10b, Page 1, CBT-100 Line 8b, Page 1, CBT-100S Line 10, Page 1, CBT-100U Schedule T, NJ-CBT-1065 Line 52, NJ-1040NR Line 23, NJ-1080C Line 35a, NJ-1041
2. Partner's HEZ Deduction	2.		
3. Partner's Sheltered Workshop Tax Credit	3.		
4. Share of Pass-Through Business Alternative Income Tax	4.		

Part IV Supplemental Information (Attach Schedule)**This Form May be Reproduced**

Schedule NJK-1

(Form NJ-1065)

**State of New Jersey
Partner's Share of Income****1019
2024**

For Calendar Year 2024, or Fiscal Year Beginning _____, 2024 and ending _____, _____.

Part I General Information

Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.)

[REDACTED]

Partnership's Federal EIN

27-4652069

Partner's Name

CHRISTIAN KROGSTAD

Partnership's Name

HOUSE SPIRITS DISTILLERY LLC

Street Address

[REDACTED]

Partnership's Street Address

65 SE WASHINGTON ST

City State ZIP Code

[REDACTED] [REDACTED]

City State ZIP Code

PORTLAND, OR 97214

What type of entity is partner?

NR

(see instructions)

Code

Date partner's interest in partnership began: 06/20/2011

Month Day Year

☐

Final NJK-1

☐

Hedge Fund

☐

Amended NJK-1

☐

Member of Composite Return

☐ If the partner is a disregarded entity, check the box and enter the partner's:

Federal EIN

Name

Enter partner's percentage of:

(i) Before Decrease
or Termination

(ii) End of Year

Profit Sharing

0.0000000 %

0.0000000 %

Loss Sharing

0.0000000 %

0.0000000 %

Capital Ownership

0.0000000 %

0.0000000 %

Part II Income Information

Income Classification	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (Loss)				
2. Net Guaranteed Payments				
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus line 2 minus line 3)		Line 21		Line 23
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2. Partner's HEZ Deduction	2.		
3. Partner's Sheltered Workshop Tax Credit	3.		
4. Share of Pass-Through Business Alternative Income Tax	4.		

Part IV Supplemental Information (Attach Schedule)

This Form May be Reproduced

5
Schedule NJK-1

(Form NJ-1065)

State of New Jersey
Partner's Share of Income

1019
2024

For Calendar Year 2024, or Fiscal Year Beginning _____, 2024 and ending _____, _____.

Part I General Information

Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.)

[REDACTED]

Partnership's Federal EIN

27-4652069

Partner's Name

JOHN A TICE

Partnership's Name

HOUSE SPIRITS DISTILLERY LLC

Street Address

[REDACTED]

Partnership's Street Address

65 SE WASHINGTON ST

City State ZIP Code

[REDACTED] [REDACTED]

City State ZIP Code

PORTLAND, OR 97214

What type of entity is partner?

NR

(see instructions)

Code

Date partner's interest in partnership began: 06/20/2011

Month Day Year

☐

Final NJK-1

☐

Hedge Fund

☐

Amended NJK-1

☐

Member of Composite Return

☐ If the partner is a disregarded entity, check the box and enter the partner's:

Federal EIN

Name

Enter partner's percentage of:

(i) Before Decrease
or Termination

(ii) End of Year

Profit Sharing 0.0000000 % 0.0000000 %

Loss Sharing 0.0000000 % 0.0000000 %

Capital Ownership 0.0000000 % 0.0000000 %

Part II Income Information

Income Classification	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (Loss)				
2. Net Guaranteed Payments				
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus line 2 minus line 3)		Line 21		Line 23
5. Pension		Line 20a		
6. Net Gain (Loss) From Disposition of Assets as a Result of a Complete Liquidation		Line 19		Line 19

Part III Partner's Information

1. Nonresident Partner's Share of NJ Tax	1.		Line 10b, Page 1, CBT-100 Line 8b, Page 1, CBT-100S Line 10, Page 1, CBT-100U Schedule T, NJ-CBT-1065 Line 52, NJ-1040NR Line 23, NJ-1080C Line 35a, NJ-1041
2. Partner's HEZ Deduction	2.		
3. Partner's Sheltered Workshop Tax Credit	3.		
4. Share of Pass-Through Business Alternative Income Tax	4.		

Part IV Supplemental Information (Attach Schedule)

This Form May be Reproduced

6
Schedule NJK-1

(Form NJ-1065)

State of New Jersey
Partner's Share of Income

For Calendar Year 2024, or Fiscal Year Beginning _____, 2024 and ending _____, _____.

1019
2024**Part I General Information**

Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.)

[REDACTED]

Partnership's Federal EIN

27-4652069

Partner's Name

BROOKE ARTHUR

Partnership's Name

HOUSE SPIRITS DISTILLERY LLC

Street Address

[REDACTED]

Partnership's Street Address

65 SE WASHINGTON ST

City State ZIP Code

[REDACTED]

[REDACTED]

[REDACTED]

City State ZIP Code

PORTLAND, OR 97214

What type of entity is partner?

NR

(see instructions)

Code

Date partner's interest in partnership began: 06/20/2011

Month Day Year

☐

Final NJK-1

☐

Hedge Fund

☐

Amended NJK-1

☐

Member of Composite Return

☐ If the partner is a disregarded entity, check the box and enter the partner's:

Federal EIN

Name

Enter partner's percentage of:

(i) Before Decrease
or Termination

(ii) End of Year

Profit Sharing 0.0000000 % 0.0000000 %

Loss Sharing 0.0000000 % 0.0000000 %

Capital Ownership 0.0000000 % 0.0000000 %

Part II Income Information

Income Classification	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (Loss)				
2. Net Guaranteed Payments				
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus line 2 minus line 3)		Line 21		Line 23
5. Pension		Line 20a		
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Part III Partner's Information

1. Nonresident Partner's Share of NJ Tax	1.		Line 10b, Page 1, CBT-100 Line 8b, Page 1, CBT-100S Line 10, Page 1, CBT-100U Schedule T, NJ-CBT-1065 Line 52, NJ-1040NR Line 23, NJ-1080C Line 35a, NJ-1041
2. Partner's HEZ Deduction	2.		
3. Partner's Sheltered Workshop Tax Credit	3.		
4. Share of Pass-Through Business Alternative Income Tax	4.		

Part IV Supplemental Information (Attach Schedule)

This Form May be Reproduced

7
Schedule NJK-1

(Form NJ-1065)

State of New Jersey
Partner's Share of Income

1019
2024

For Calendar Year 2024, or Fiscal Year Beginning _____, 2024 and ending _____, _____.

Part I General Information

Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.)

[REDACTED]

Partnership's Federal EIN

27-4652069

Partner's Name

CHRISTIAN KROGSTAD

Partnership's Name

HOUSE SPIRITS DISTILLERY LLC

Street Address

[REDACTED]

Partnership's Street Address

65 SE WASHINGTON ST

City State ZIP Code

[REDACTED] [REDACTED]

City State ZIP Code

PORTLAND, OR 97214

What type of entity is partner?

NR

(see instructions)

Code

Date partner's interest in partnership began: 06/20/2011

Month Day Year

☐

Final NJK-1

☐

Hedge Fund

☐

Amended NJK-1

☐

Member of Composite Return

☐ If the partner is a disregarded entity, check the box and enter the partner's:

Federal EIN

Name

Enter partner's percentage of:

(i) Before Decrease
or Termination

(ii) End of Year

Profit Sharing 0.0000000 % 0.0000000 %

Loss Sharing 0.0000000 % 0.0000000 %

Capital Ownership 0.0000000 % 0.0000000 %

Part II Income Information

Income Classification	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (Loss)				
2. Net Guaranteed Payments				
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus line 2 minus line 3)		Line 21		Line 23
5. Pension		Line 20a		
6. Net Gain (Loss) From Disposition of Assets as a Result of a Complete Liquidation		Line 19		Line 19

Part III Partner's Information

1. Nonresident Partner's Share of NJ Tax	1.		Line 10b, Page 1, CBT-100 Line 8b, Page 1, CBT-100S Line 10, Page 1, CBT-100U Schedule T, NJ-CBT-1065 Line 52, NJ-1040NR Line 23, NJ-1080C Line 35a, NJ-1041
2. Partner's HEZ Deduction	2.		
3. Partner's Sheltered Workshop Tax Credit	3.		
4. Share of Pass-Through Business Alternative Income Tax	4.		

Part IV Supplemental Information (Attach Schedule)

This Form May be Reproduced

8
Schedule NJK-1

(Form NJ-1065)

State of New Jersey
Partner's Share of Income

1019
2024

For Calendar Year 2024, or Fiscal Year Beginning _____, 2024 and ending _____, _____.

Part I General Information

Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.) 81-3718161	Partnership's Federal EIN 27-4652069
Partner's Name LIQUOR INVESTMENT LLC	Partnership's Name HOUSE SPIRITS DISTILLERY LLC
Street Address 801 MAIN AVENUE	Partnership's Street Address 65 SE WASHINGTON ST
City State ZIP Code NORWALK, CT 06851	City State ZIP Code PORTLAND, OR 97214
What type of entity is partner? NP (see instructions) Code Date partner's interest in partnership began: 06/20/2011 Month Day Year <input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Hedge Fund <input type="checkbox"/> Amended NJK-1 <input type="checkbox"/> Member of Composite Return <input type="checkbox"/> If the partner is a disregarded entity, check the box and enter the partner's: Federal EIN Name	Enter partner's percentage of: (i) Before Decrease or Termination (ii) End of Year Profit Sharing 32.8171064 % 32.8171064 % Loss Sharing 32.8171064 % 32.8171064 % Capital Ownership 32.8170975 % 32.8170975 %

Part II Income Information

Income Classification	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (Loss)				
2. Net Guaranteed Payments				
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus line 2 minus line 3)		Line 21		Line 23
5. Pension		Line 20a		
6. Net Gain (Loss) From Disposition of Assets as a Result of a Complete Liquidation		Line 19		Line 19

Part III Partner's Information

1. Nonresident Partner's Share of NJ Tax	1.		Line 10b, Page 1, CBT-100 Line 8b, Page 1, CBT-100S Line 10, Page 1, CBT-100U Schedule T, NJ-CBT-1065 Line 52, NJ-1040NR Line 23, NJ-1080C Line 35a, NJ-1041
2. Partner's HEZ Deduction	2.		
3. Partner's Sheltered Workshop Tax Credit	3.		
4. Share of Pass-Through Business Alternative Income Tax	4.		

Part IV Supplemental Information (Attach Schedule)

This Form May be Reproduced

9
Schedule NJK-1

(Form NJ-1065)

State of New Jersey
Partner's Share of Income

1019
2024

For Calendar Year 2024, or Fiscal Year Beginning _____, 2024 and ending _____, _____.

Part I General Information

Partner's SS # or Federal EIN (Do not use EIN of a disregarded entity. See instr.) 81-3718161	Partnership's Federal EIN 27-4652069
Partner's Name LIQUOR INVESTMENT LLC PREFERRED INTEREST	Partnership's Name HOUSE SPIRITS DISTILLERY LLC
Street Address 801 MAIN AVENUE	Partnership's Street Address 65 SE WASHINGTON ST
City State ZIP Code NORWALK, CT 06851	City State ZIP Code PORTLAND, OR 97214
What type of entity is partner? NP (see instructions) Date partner's interest in partnership began: 06/20/2011 Month Day Year <input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Hedge Fund <input type="checkbox"/> Amended NJK-1 <input type="checkbox"/> Member of Composite Return <input type="checkbox"/> If the partner is a disregarded entity, check the box and enter the partner's: Federal EIN Name	Enter partner's percentage of: (i) Before Decrease or Termination (ii) End of Year Profit Sharing 0.0000000 % 0.0000000 % Loss Sharing 0.0000000 % 0.0000000 % Capital Ownership 0.0000000 % 0.0000000 %

Part II Income Information

Income Classification	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (Loss)	-10,124,324.		-13,263.	
2. Net Guaranteed Payments				
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus line 2 minus line 3)	-10,124,324.	Line 21	-13,263.	Line 23
5. Pension		Line 20a		
6. Net Gain (Loss) From Disposition of Assets as a Result of a Complete Liquidation		Line 19		Line 19

Part III Partner's Information

1. Nonresident Partner's Share of NJ Tax	1.	Line 10b, Page 1, CBT-100 Line 8b, Page 1, CBT-100S Line 10, Page 1, CBT-100U Schedule T, NJ-CBT-1065 Line 52, NJ-1040NR Line 23, NJ-1080C Line 35a, NJ-1041
2. Partner's HEZ Deduction	2.	
3. Partner's Sheltered Workshop Tax Credit	3.	
4. Share of Pass-Through Business Alternative Income Tax	4.	

Part IV Supplemental Information (Attach Schedule)

This Form May be Reproduced

2024 Form OR-65Page 1 of 3, 150-101-065
(Rev. 07-02-24, ver. 01)

Oregon Department of Revenue



00692401011019

Oregon Partnership Income Return*Submit original form - do not submit photocopy.*

Office use only

Date received

Enter dates if fiscal or short year **Beginning:** Mo Day Year **Ending:** Mo Day Year☐ Amended return☐ Short-year return

Type or print clearly and answer all the questions below.

Partnership name

HOUSE SPIRITS DISTILLERY LLC

Federal employer identification number (FEIN)

27-4652069Doing business as (DBA) or assumed business name (ABN) **only** if different from legal name

Partnership mailing address

65 SE WASHINGTON ST

Partnership phone

(503) 235-3174

City

PORTLAND

State

OR

ZIP code

97214

Date activities started in Oregon

06/20/2011

First name of partner who has the partnership books

ARTURO

Initial

Last name

LITWAK

Partner contact phone

(503) 235-3174

Partner mailing address

City

State

ZIP code

Type of entity:☐ Partnership ☐ Limited partnership ☒ Limited liability company ☐ Limited liability partnership**Check all applicable boxes:**

☐ (a) Final return ☐ (b) Initial return ☐ (c) Amended due to federal audit or adjustments

☐ (d) Name change _____ Mo Day Year ☐ (e) Accounting period change

☐ (f) Extension filed - extension due date: _____ ☐ (g) Form OR-24

☐ (h) You have federal Form 8886, a REIT, or a RIC

Yes**1. Doing business in Oregon.**A. Did the partnership do business in Oregon during the year? 1A. ☒**2. Requirement to file Oregon partnership return.**A. Does the partnership have income or loss derived from sources in Oregon? 2A. ☒B. Does the partnership have Oregon resident partners? 2B. ☒**3. Partnership minimum tax.**A. **Tax liability.** Did you answer **yes** to question 1 and question 2A and/or 2B?If **yes**, enter \$150; if no, enter 0 (see instructions) 3A. \$ 150.00B. **Payments.** Enter prepayments already made 3B. \$C. **Tax due.** If line 3A is more than line 3B, you have tax to pay. Line 3A minus line 3B 3C. \$ 150.00D. **Refund.** If line 3B is more than line 3A, you have a refund. Line 3B minus line 3A 3D. \$**4. Partner information.**A. Did the partners' profit/loss sharing percentages change during the year? 4A. ☐B. Were the Oregon modifications divided according to each partner's profit sharing percentage? 4B. ☐

**2024 Form OR-65**Page 2 of 3, 150-101-065
(Rev. 07-02-24, ver. 01)

Oregon Department of Revenue

Yes

4. Partner information. (Continued)

- C. Does the partnership have corporate partners? 4C. ☐
- D. Enter the number of federal Schedules K-1 issued to all partners: Total 4D. 7
..... Oregon residents 4D. 4
..... Nonresidents 4D. 3
- E. If there are nonresident partners, enter how many partners were included on
a Form OR-OC to report this income: 4E. 0

5. Prior year returns and federal audits.

- A. Was a 2023 Oregon partnership return filed? 5A. ☒
If not, why?:
- B. Was an amended federal return filed for a prior year? 5B. ☐
If yes, what tax year(s) were changed?
- C. Did a federal audit or adjustment change a prior year or the current year tax return? 5C. ☐
If yes, what tax year(s) were changed?
- D. Did the partnership make an opt-out election under Internal Revenue Code (IRC) Section 6221(b) for tax year 2024? 5D. ☐
If "No," complete the following information (see instructions).

Federal partnership representative contact information

First name THOMAS	Initial	Last name MOONEY	Contact phone (503) 235-3174
Entity name ASTORIA LLC			Contact phone (503) 235-3174

6. Business inside and outside of Oregon.

- A. Did the partnership have business activity both inside and outside of Oregon during the year? 6A. ☒
If you answered yes, use the Oregon apportionment percentage from Schedule OR-AP to
figure Oregon source income. Include the schedule with your return.

7. Other taxing authorities.

- A. Do partnership employees perform services in the TriMet Transit District? 7A. ☐
- B. Do any partners have self-employment income from the partnership in the TriMet Transit District? 7B. ☐
- C. Do partnership employees perform services in the Lane Transit District? 7C. ☐
- D. Do any partners have self-employment income from the partnership in the Lane Transit District? 7D. ☐
If you answered **yes** to 7B and/or 7D, then the individual partners must file Form OR-TM
and/or Form OR-LTD or the partnership may elect to file on the partners' behalf.

2024 Form OR-65



Page 3 of 3, 150-101-065
(Rev. 07-02-24, ver. 01)

Oregon Department of Revenue

Schedule I - Oregon modifications to federal partnership income and credits passed through to partners. List the name, numeric code, and amount for each addition, subtraction, and credit (see instructions). Include schedules to explain and compute the modifications and credits.

Note: A partner's share of each modification or credit must be reported to the partner on their federal Schedule K-1, Schedule OR-K-1 or equivalent. Generally, a partner's share of each modification or credit is figured using the partner's profit/loss sharing percentage.

Additions - Items **not** included in federal partnership income which **are taxable** to Oregon.

	Code	Amount
8. _____	8a. _____ 8b. \$	
9. _____	9a. _____ 9b. \$	
10. _____	10a. _____ 10b. \$	
11. _____	11a. _____ 11b. \$	

Subtractions - Items included in federal partnership income that are **not taxable** to Oregon.

	Code	Amount
12. ADJUSTMENT FOR TIPS CREDIT	12a. 323 12b. \$	2,957.00
13. _____	13a. _____ 13b. \$	
14. _____	14a. _____ 14b. \$	
15. _____	15a. _____ 15b. \$	

Credits - Oregon tax credits earned by the partnership that can be passed through to the partners.

	Code	Amount
16. _____	16a. _____ 16b. \$	
17. _____	17a. _____ 17b. \$	
18. _____	18a. _____ 18b. \$	
19. _____	19a. _____ 19b. \$	

Under penalty of false swearing, I declare the information in this return and any attachments is true, correct, and complete.

Sign here General partner or LLC member signature X	Paid preparer signature X	Paid preparer license number 14689
Date	Date	Phone (503) 252-8449
General partner or LLC member printed name THOMAS MOONEY	Paid preparer printed name KARLY TELL	
General partner or LLC member title CEO	Paid preparer address 345 NE 102ND AVE.	
	City PORTLAND	State OR
		ZIP code 97220-4108

Make your payment

- **Online payments:** You may make payments online at www.oregon.gov/dor.
- **Mailing your payment:** We accept checks, money orders, and cashier's checks made payable to the Oregon Department of Revenue. On the payment, write your daytime phone number, FEIN, and "2024 Oregon Form OR-65." Send your payment in the same envelope as your return. Don't mail cash. Don't use Form OR-65-V if sending a payment with your return.

You can mail the Form OR-65 and any required enclosures to:

Oregon Department of Revenue
PO Box 14555
Salem OR 97309-0940

Include a complete copy of the 2024 federal partnership return and required schedules as indicated in the instructions.

2024 Schedule OR-AP

Oregon Department of Revenue

Apportionment of Income for Corporations and Partnerships

Page 1 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Taxpayer legal name (as shown on your Oregon return)

HOUSE SPIRITS DISTILLERY LLC

Federal employer identification number (FEIN)

27-4652069

Describe the nature and provide the location(s) of your Oregon business activities:

Part 1 - Apportionment information**Property/real estate income and interest factor**

(Don't enter an amount less than zero)

Oregon

1a. Inventories 1a.

2a. Buildings and other depreciable assets 2a.

3a. Land 3a.

4a. Other assets 4a.

5a. Minus: Construction in progress 5a.

6a. Rented property (capitalize at 8 times the rental rate paid) 6a.

7a. Net income from real property (insurance only) 7a.

8a. Interest received on loans secured by real property
(insurance only) 8a.9a. **Total** property or real estate income and interest (Oregon) 9a.

Continued on next page

2024 Schedule OR-AP

Oregon Department of Revenue

Page 2 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Everywhere

- 1b. Inventories 1b.
- 2b. Buildings and other depreciable assets 2b.
- 3b. Land 3b.
- 4b. Other assets 4b.
- 5b. Minus: Construction in progress 5b.
- 6b. Rented property (capitalize at 8 times the rental rate paid) 6b.
- 7b. Net income from real property (insurance only) 7b.
- 8b. Interest received on loans secured by real property
(insurance only) 8b.
- 9b. **Total** property or real estate income and interest (Everywhere) 9b.

Payroll factor (wage and commission)**Oregon**

- 10a. Compensation of officers 10a.
- 11a. Other wages, salaries, and commissions 11a.
- 12a. **Total** wages and compensation (Oregon) 12a.

Everywhere

- 10b. Compensation of officers 10b.
- 11b. Other wages, salaries, and commissions 11b.
- 12b. **Total** wages and compensation (Everywhere) 12b.

Continued on next page

2024 Schedule OR-AP

Oregon Department of Revenue

Page 3 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Sales factor**Oregon**

13. Shipped from outside Oregon	13.	0.00
14. Shipped from inside Oregon	14.	3,509,751.00
15. Shipped from Oregon to the United States government	15.	
16. Shipped from Oregon to purchasers where corporation isn't taxable	16.	
17. Partnership sales (from Schedule OR-PI)	17.	
18. Other business receipts	18.	
19. Direct premiums (insurance only)	19.	
20. Annuity considerations (insurance only)	20.	
21. Finance and service charge (insurance only)	21.	
22a. Total sales (Oregon)	22a.	3,509,751.00

Everywhere

22b. Total sales (Everywhere)	22b.	4,370,465.00
-------------------------------------	------	--------------

23. Oregon apportionment percentage (See Instructions) (Enter the amount from the worksheet) (Round to four decimal places)	23.	80.3061	%
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Continued on next page



2024 Schedule OR-AP

Oregon Department of Revenue

Page 4 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Part 2 - Taxable income computation

1. Income	1.			-10,019,827.00
2. Subtract: Net nonapportionable income included in line 1. Include schedule	2.			
3. Subtract: Gains from prior year installment sales included in line 1. Include schedule	3.			
4. Total net income subject to apportionment	4.			-10,019,827.00
5. Oregon apportionment percentage (from part 1, line 23) (Round to four decimal places)	5.	80.3061	%	
6. Income apportioned to Oregon (line 4 times line 5)	6.			-8,046,532.00
7. Add: Net nonapportionable income allocated entirely to Oregon. Include schedule	7.			
8. Add: Gain from prior year installment sales apportioned to Oregon. Include schedule	8.			
9. Total of lines 6, 7, and 8	9.			-8,046,532.00
10a. Oregon apportioned net loss from prior years. Include schedule ...	10a.			
10b. Net capital loss from other years. See instructions. Include schedule	10b.			
11. Total loss (line 10a plus line 10b)	11.			
12. Oregon taxable income (line 9 minus line 11)	12.			-8,046,532.00

You must include this schedule with your Oregon corporation or insurance tax return.

2024 Schedule OR-K-1Page 1 of 1, 150-101-002
(Rev. 08-28-24, ver. 01)

Oregon Department of Revenue



17612401011019

Office use only

Distributive Share of Income, Deductions, Credits, etc.

For owners of pass-through entities

<input type="checkbox"/> Final OR-K-1 <input type="checkbox"/> Amended OR-K-1	Beginning Ending	
	For calendar year 2024 or fiscal year	01/01/2024 12/31/2024

Part I - Pass-through entity (PTE) information

Federal employer identification number 27-4652069	PTE name HOUSE SPIRITS DISTILLERY LLC	Business code number 722410
Address 65 SE WASHINGTON ST	City PORTLAND	State OR
		ZIP code 97214

Part II - Owner information

Social Security number [REDACTED]	Owner's first name CHRISTIAN	Initial [REDACTED]	Last name KROGSTAD	Address [REDACTED]
<input type="checkbox"/> General partner or LLC member manager <input type="checkbox"/> Shareholder		City [REDACTED]		
<input checked="" type="checkbox"/> Limited partner or other LLC member <input type="checkbox"/> Beneficiary		State [REDACTED]		
		ZIP code [REDACTED]		

Oregon resident? If no, state of legal residence	Check the appropriate box	Owner's share of profit & loss/stock ownership				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [REDACTED]	<input type="checkbox"/> Form OR-OC <input type="checkbox"/> Form OR-19 <input type="checkbox"/> Form OR-19-AF <input type="checkbox"/> Not required	<table style="width: 100%;"> <tr> <td style="width: 50%;">Beginning</td> <td style="width: 50%;">End</td> </tr> <tr> <td style="text-align: center;">%</td> <td style="text-align: center;">%</td> </tr> </table>	Beginning	End	%	%
Beginning	End					
%	%					

Part III - Distributive share items

Apportionment percentage 80.3061%	(a) Federal column	(b) Oregon column
--	---	--

Income (losses)

1. Ordinary business income (loss) 1.
2. Net rental real estate income (loss) 2.
3. Other net rental income (loss) 3.
4. Guaranteed payments to partners 4.
5. Interest income 5.
6. Ordinary/qualified dividends 6.
7. Royalties 7.
8. Net short-term capital gain (loss) 8.
9. Net long-term capital gain (loss) 9.
10. Net section 1231 gain (loss) 10.
11. Other income (loss) (include schedule) 11.

Adjustments

12. IRC section 179 expense 12.
13. Other adjustments (include schedule) 13.

Oregon additions

14. Interest on state and local government bonds 14.
15. Other additions (include schedule) 15.

Oregon subtractions

16. U.S. government interest 16.
17. Depreciation 17.
18. Other subtractions (include schedule) 18.

Oregon credits

19. Credits (include schedule) 19.

Payments

20. PTE owner payment from Form OR-19 20.
21. Tax paid on Form OR-OC filed on owner's behalf 21.

2024 Schedule OR-K-1Page 1 of 1, 150-101-002
(Rev. 08-28-24, ver. 01)

Oregon Department of Revenue



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Distributive Share of Income, Deductions, Credits, etc.

For owners of pass-through entities

<input type="checkbox"/> Final OR-K-1	<input type="checkbox"/> Amended OR-K-1	For calendar year 2024 or fiscal year	Beginning 01/01/2024	Ending 12/31/2024
---------------------------------------	---	--	--------------------------------	-----------------------------

Part I - Pass-through entity (PTE) information

Federal employer identification number 27-4652069	PTE name HOUSE SPIRITS DISTILLERY LLC	Business code number 722410
Address 65 SE WASHINGTON ST	City PORTLAND	State OR
		ZIP code 97214

Part II - Owner information

Social Security number [REDACTED]	Owner's first name JOHN	Initial A	Last name TICE
Address [REDACTED]			
<input type="checkbox"/> General partner or LLC member manager		<input type="checkbox"/> Shareholder	
<input checked="" type="checkbox"/> Limited partner or other LLC member		<input type="checkbox"/> Beneficiary	
Oregon resident? If no, state of legal residence		Check the appropriate box	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Form OR-OC <input type="checkbox"/> Form OR-19 <input type="checkbox"/> Form OR-19-AF <input type="checkbox"/> Not required	
Owner's share of profit & loss/stock ownership			
Beginning %		End %	

Part III - Distributive share items

Apportionment percentage	80.3061 %	(a) Federal column	(b) Oregon column
--------------------------	------------------	-----------------------	----------------------

Income (losses)

1. Ordinary business income (loss) 1.
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11. Other income (loss) (include schedule) 11.

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2024 Schedule OR-K-1Page 1 of 1, 150-101-002
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Oregon Department of Revenue



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For owners of pass-through entities

<input type="checkbox"/>	Final OR-K-1	<input type="checkbox"/>	Amended OR-K-1	Beginning	Ending
				For calendar year 2024 or fiscal year	
				01/01/2024	12/31/2024

Part I - Pass-through entity (PTE) information

Federal employer identification number 27-4652069	PTE name HOUSE SPIRITS DISTILLERY LLC	Business code number 722410
Address 65 SE WASHINGTON ST	City PORTLAND	State OR
		ZIP code 97214

Part II - Owner information

Social Security number [REDACTED]	Owner's first name BROOKE	Initial [REDACTED]	Last name ARTHUR	Address [REDACTED]
				City [REDACTED]
				State [REDACTED]
				ZIP code [REDACTED]

☐ General partner or LLC member manager ☐ Shareholder
☒ Limited partner or other LLC member ☐ Beneficiary

Oregon resident? If no, state of legal residence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CA	Check the appropriate box <input type="checkbox"/> Form OR-OC <input type="checkbox"/> Form OR-19 <input type="checkbox"/> Form OR-19-AF <input checked="" type="checkbox"/> Not required	Owner's share of profit & loss/stock ownership Beginning End % %
---	--	--

Part III - Distributive share items

Apportionment percentage 80.3061%	(a) Federal column	(b) Oregon column
--	-----------------------	----------------------

Income (losses)

1. Ordinary business income (loss) 1.
2. Net rental real estate income (loss) 2.
3. Other net rental income (loss) 3.
4. Guaranteed payments to partners 4.
5. Interest income 5.
6. Ordinary/qualified dividends 6.
7. Royalties 7.
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9. Net long-term capital gain (loss) 9.
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11. Other income (loss) (include schedule) 11.

Adjustments

12. IRC section 179 expense 12.
13. Other adjustments (include schedule) 13.

Oregon additions

14. Interest on state and local government bonds 14.
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16. U.S. government interest 16.
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Oregon credits

19. Credits (include schedule) 19.

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21. Tax paid on Form OR-OC filed on owner's behalf 21.

2024 Schedule OR-K-1Page 1 of 1, 150-101-002
(Rev. 08-28-24, ver. 01)

Oregon Department of Revenue



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Office use only

Distributive Share of Income, Deductions, Credits, etc.

For owners of pass-through entities

<input type="checkbox"/> Final OR-K-1	<input type="checkbox"/> Amended OR-K-1	Beginning	Ending
		For calendar year 2024	
		or fiscal year	
		01/01/2024	12/31/2024

Part I - Pass-through entity (PTE) information

Federal employer identification number 27-4652069	PTE name HOUSE SPIRITS DISTILLERY LLC	Business code number 722410
Address 65 SE WASHINGTON ST	City PORTLAND	State OR
		ZIP code 97214

Part II - Owner information

Social Security number [REDACTED]	Owner's first name CHRISTIAN	Initial [REDACTED]	Last name KROGSTAD
Address [REDACTED]			
<input type="checkbox"/> General partner or LLC member manager		<input type="checkbox"/> Shareholder	
City [REDACTED]		State [REDACTED]	ZIP code [REDACTED]
<input checked="" type="checkbox"/> Limited partner or other LLC member		<input type="checkbox"/> Beneficiary	
Oregon resident? If no, state of legal residence		Check the appropriate box	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [REDACTED]		<input type="checkbox"/> Form OR-OC <input type="checkbox"/> Form OR-19 <input type="checkbox"/> Form OR-19-AF <input type="checkbox"/> Not required	
Owner's share of profit & loss/stock ownership			
Beginning		End	
%		%	

Part III - Distributive share items

Apportionment percentage	80.3061%	(a) Federal column	(b) Oregon column
--------------------------	-----------------	-----------------------	----------------------

Income (losses)

1. Ordinary business income (loss) 1.
2. Net rental real estate income (loss) 2.
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5. Interest income 5.
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8. Net short-term capital gain (loss) 8.
9. Net long-term capital gain (loss) 9.
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11. Other income (loss) (include schedule) 11.

Adjustments

12. IRC section 179 expense 12.
13. Other adjustments (include schedule) 13.

Oregon additions

14. Interest on state and local government bonds 14.
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Oregon subtractions

16. U.S. government interest 16.
17. Depreciation 17.
18. Other subtractions (include schedule) 18.

Oregon credits

19. Credits (include schedule) 19.

Payments

20. PTE owner payment from Form OR-19 20.
21. Tax paid on Form OR-OC filed on owner's behalf 21.

OREGON SCHEDULE K-1 EQUIVALENT	Partner's Information For Calendar Year 2024, or Fiscal Year Beginning , and Ending	2024
---	--	-------------

Partner's Name, Address and ZIP Code

ASTORIA LLC
65 SE WASHINGTON ST
PORTLAND

OR 97214

Partner's Identifying Number

27-4651965

Partner's Percentage of Stock

Ownership

67.1829

Partnership Identification Number

27-4652069

Partnership Name, Address and ZIP Code

HOUSE SPIRITS DISTILLERY LLC
65 SE WASHINGTON ST
PORTLAND

OR 97214

Resident ☒ Nonresident ☐

Business code number 722410

Distributive share itemsPTE Oregon apportionment percentage 80.31%**Income (losses)**

- | | |
|----|---|
| 1 | Ordinary business income (loss) |
| 2 | Net rental real estate income (loss) |
| 3 | Other net rental income (loss) |
| 4 | Guaranteed payments to partners |
| 5 | Interest income |
| 6 | Ordinary/Qualified dividends |
| 7 | Royalties |
| 8 | Net short-term capital gain (loss) |
| 9 | Net long-term capital gain (loss) |
| 10 | Net section 1231 gain (loss) |
| 11 | Other income (loss) (attach schedule) |

(a)

Federal
column

(b)

Oregon
column**Adjustments**

- | | |
|----|---|
| 12 | IRC section 179 expense |
| 13 | Other adjustments (attach schedule) |

Oregon additions

- | | |
|----|---|
| 14 | Interest on state & local gov't bonds |
| 15 | Other additions (attach schedule) |

Oregon subtractions

- | | |
|----|--|
| 16 | U.S. government interest |
| 17 | Depreciation |
| 18 | Other subtractions (attach schedule) |

Oregon credits

- | | |
|----|---------------------------------|
| 19 | Credits (attach schedule) |
|----|---------------------------------|

Payments for nonresidents

- | | |
|----|---|
| 20 | PTE owner payment from Form OR-19 |
| 21 | Tax paid on Form OC filed on owner's behalf |

For informational purposes only do not submit.

OREGON SCHEDULE K-1 EQUIVALENT	Partner's Information For Calendar Year 2024, or Fiscal Year Beginning , and Ending	2024
---	--	-------------

Partner's Name, Address and ZIP Code

LIQUOR INVESTMENT LLC
801 MAIN AVENUE
NORWALK CT 06851

Partner's Identifying Number

81-3718161

Partner's Percentage of Stock

Ownership

32.8171

Partnership Identification Number

27-4652069

Partnership Name, Address and ZIP Code

HOUSE SPIRITS DISTILLERY LLC
65 SE WASHINGTON ST
PORTLAND OR 97214

Resident ☐ Nonresident ☒

Business code number 722410

Distributive share itemsPTE Oregon apportionment percentage 80.31%**Income (losses)**

- 1 Ordinary business income (loss)
- 2 Net rental real estate income (loss)
- 3 Other net rental income (loss)
- 4 Guaranteed payments to partners
- 5 Interest income
- 6 Ordinary/Qualified dividends
- 7 Royalties
- 8 Net short-term capital gain (loss)
- 9 Net long-term capital gain (loss)
- 10 Net section 1231 gain (loss)
- 11 Other income (loss) (attach schedule)

(a) Federal column	(b) Oregon column

Adjustments

- 12 IRC section 179 expense
- 13 Other adjustments (attach schedule)

Oregon additions

- 14 Interest on state & local gov't bonds
- 15 Other additions (attach schedule)

Oregon subtractions

- 16 U.S. government interest
- 17 Depreciation
- 18 Other subtractions (attach schedule)

Oregon credits

- 19 Credits (attach schedule)

--

Payments for nonresidents

- 20 PTE owner payment from Form OR-19
- 21 Tax paid on Form OC filed on owner's behalf

For informational purposes only do not submit.

OREGON SCHEDULE K-1 EQUIVALENT	Partner's Information For Calendar Year 2024, or Fiscal Year Beginning , and Ending	2024
---	--	-------------

Partner's Name, Address and ZIP Code

LIQUOR INVESTMENT LLC PREFERRE
801 MAIN AVENUE
NORWALK CT 06851

Partner's Identifying Number

81-3718161

Partner's Percentage of Stock
Ownership

Partnership Name, Address and ZIP Code

HOUSE SPIRITS DISTILLERY LLC
65 SE WASHINGTON ST
PORTLAND OR 97214

Partnership Identification Number

27-4652069

Resident ☐ Nonresident ☒

Business code number 722410

Distributive share itemsPTE Oregon apportionment percentage 80.31%**Income (losses)**

- 1 Ordinary business income (loss)
- 2 Net rental real estate income (loss)
- 3 Other net rental income (loss)
- 4 Guaranteed payments to partners
- 5 Interest income
- 6 Ordinary/Qualified dividends
- 7 Royalties
- 8 Net short-term capital gain (loss)
- 9 Net long-term capital gain (loss)
- 10 Net section 1231 gain (loss)
- 11 Other income (loss) (attach schedule)

(a) Federal column	(b) Oregon column
-10,019,827.00	-8,046,532.00

Adjustments

- 12 IRC section 179 expense
- 13 Other adjustments (attach schedule) STMT

11,142.00	8,948.00

Oregon additions

- 14 Interest on state & local gov't bonds
- 15 Other additions (attach schedule)

Oregon subtractions

- 16 U.S. government interest
- 17 Depreciation
- 18 Other subtractions (attach schedule) STMT

2,957.00	2,375.00

Oregon credits

- 19 Credits (attach schedule)

--

Payments for nonresidents

- 20 PTE owner payment from Form OR-19
- 21 Tax paid on Form OC filed on owner's behalf

For informational purposes only do not submit.

HOUSE SPIRITS DISTILLERY LLC

27-4652069

SCHEDULE OR-K-1

OTHER SUBTRACTIONS

DESCRIPTION	FEDERAL AMOUNT	OREGON AMOUNT
ADJUSTMENT FOR TIPS CREDIT	2,957.	2,375.
TOTAL TO SCHEDULE OR-K-1, PART III, LINE 18	2,957.	2,375.

SCHEDULE OR-K-1

OTHER ADJUSTMENTS

DESCRIPTION	FEDERAL AMOUNT	OREGON AMOUNT
CASH CONTRIBUTIONS (60%)	11,142.	8,948.
TOTAL TO SCHEDULE OR-K-1, PART III, LINE 13	11,142.	8,948.

SCHEDULE OR-K-1

FOOTNOTES

THIS BUSINESS WAS SUBJECT TO THE METRO SUPPORTIVE HOUSING SERVICES BUSINESS INCOME TAX FILING REQUIREMENT. AN APPORTIONMENT PERCENTAGE OF 80.31% WAS USED.

Estimated payments worksheet

Line 1. Oregon commercial activity after exclusions	1.	<u>2,931,788.00</u>
Line 2. Expenses. (greater of cost inputs or labor costs)	2.	<u>3,304,014.00</u>
Line 3. Subtraction percentage	3.	0.35
Line 4. Cost subtraction. Multiply line 2 by line 3	4.	<u>1,156,405.00</u>
Line 5. Taxable commercial activity. Subtract line 4 from line 1	5.	<u>1,775,383.00</u>
Line 6. Commercial activity threshold	6.	\$1,000,000
Line 7. Taxable commercial activity in excess of \$1 million threshold. Subtract line 6 from line 5	7.	<u>775,383.00</u>
Line 8. Tax rate	8.	0.0057
Line 9. Gross corporate activity tax. Multiply line 7 by line 8	9.	<u>4,420.00</u>
Line 10. Base tax	10.	\$250
Line 11. Annual corporate activity tax. Add line 9 to line 10	11.	<u>4,670.00</u>
Line 12. Estimated payment amount. Divide line 11 by the number of estimated payments	12.	<u>1,200.00</u>

2024 Form OR-CAT
Oregon Corporate Activity Tax Return

Oregon Department of Revenue

Page 1 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year beginning (MM/DD/YYYY)

Fiscal year ending (MM/DD/YYYY)

See instructions for checkboxes.

☐ Extension ☐ Amended☐ New name ☐ New address ☐ Accounting period change☐ Short-year returns Date beginning (MM/DD/YYYY) Date ending (MM/DD/YYYY)

Legal name of designated Corporate Activity Tax (CAT) entity (sole proprietor - complete the next line)

HOUSE SPIRITS DISTILLERY LLC

First name (if sole proprietorship) Initial Last name

Federal employer identification number (FEIN) Social Security number (SSN)

27-4652069☐ Deceased

Doing business as (DBA)

Current address

65 SE WASHINGTON ST

City

PORTLAND

Country (if other than the U.S.)

State

ZIP code

OR**97214**

Contact phone

503-235-3174

Contact first name Initial Contact last name

Email

2024 Form OR-CAT

Oregon Department of Revenue

Page 2 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

A. Incorporated in (state) Incorporated on (date) (MM/DD/YYYY)

DE

B. State of commercial domicile

OR

C. Business activity code

D. Tax entity type

E. Legal entity type

722410**LP****LP**

- F. ☐ Consolidated federal return ☐ Entities included in consolidated federal return, but not in Oregon return
- ☐ Combined Oregon return ☐ Entities included in combined Oregon return, but not in federal return
- ☐ Elect to file as modified unitary group

G. Name of parent corporation, if different than designated CAT entity (if applicable)

FEIN of parent corporation, if different than designated CAT entity (if applicable)

H. Number of affiliates included in this return (You must include Schedule OR-AF-CAT if this is a combined return)

I. If first return, indicate: ☐ New business ☐ Successor to previous business

Previous business name

FEIN

J. If final return, indicate: ☐ Withdrawn ☐ Dissolved ☐ Merged or reorganized

Merged or reorganized business name

FEIN

K. ☐ Financial institution L. ☐ Insurer M. ☐ Farming operation

2024 Form OR-CAT

Oregon Department of Revenue

Page 3 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

1. Oregon commercial activity plus exclusions	1.		3,593,229.00
2. Total exclusions from commercial activity (must attach schedule OR-EXC-CAT)	2.		661,441.00
3. Oregon commercial activity, line 1 minus line 2	3.		2,931,788.00
<input type="checkbox"/> Substitute method (see instructions).			
4. Cost inputs	4.		1,624,249.00
5. Labor costs (not to exceed \$500,000 for any single employee)	5.		4,747,146.00
6. Multiply either line 4 or line 5, whichever is greater, by 35 percent and round the product to the nearest whole dollar	6.		1,661,501.00
7. Apportionment percentage of subtraction (see instructions). Include an attachment showing calculations.	7.	69.6000	%
<input type="checkbox"/> Alternative apportionment request included (see instructions).			
8. Multiply line 6 by line 7. This is your CAT subtraction	8.		1,156,405.00
9. Commercial activity after subtraction, line 3 minus line 8	9.		1,775,383.00
10. Subcontractor exclusion (see instructions)	10.		
11. Taxable Oregon commercial activity, line 9 minus line 10	11.		1,775,383.00
12. \$1 million threshold	12.		1,000,000.00
13. Taxable Oregon commercial activity in excess of \$1 million threshold	13.		775,383.00
14. Multiply line 13 by 0.57 percent. Round to the nearest whole dollar	14.		4,420.00
15. Base tax	15.		250.00

2024 Form OR-CAT

Oregon Department of Revenue

Page 4 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

16. Total CAT (line 14 plus line 15). If the amount on line 11 is less than line 12 enter 0 16. 4,670.00
17. 2024 Estimated CAT payments and other prepayments from Schedule OR-ES-CAT line 7. Include payments made with extension 17. 6,337.00
18. **Tax due.** Is line 16 more than line 17? If so, line 16 minus line 17 ... 18.
19. **Overpayment.** Is line 16 less than line 17? If so, line 17 minus line 16 19. 1,667.00
20. Penalty due with this return (see instructions) 20.
21. **Total due.** Line 18 plus line 20 21.
22. **Refund available.** Line 19 minus line 20 22. 1,667.00
23. Amount of refund you want applied to your estimated tax account ... 23. 1,667.00
24. **Net refund.** Line 22 minus line 23 24.

2024 Form OR-CAT

Oregon Department of Revenue

Page 5 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Schedule OR-ES-CAT - Estimated Tax Payments and Other Prepayments**Quarter 1**

Legal name of payer, if an entity

If individual, name of payer

Initial

Last name

Payer's FEIN

Payer's SSN

Date paid (MM/DD/YYYY)

04/15/2024

1. Amount paid 1. 1,390.00

Quarter 2

Legal name of payer, if an entity

If individual, name of payer

Initial

Last name

Payer's FEIN

Payer's SSN

Date paid (MM/DD/YYYY)

07/26/2024

2. Amount paid 2. 1,390.00

Quarter 3

Legal name of payer, if an entity

If individual, name of payer

Initial

Last name

Payer's FEIN

Payer's SSN

Date paid (MM/DD/YYYY)

10/25/2024

3. Amount paid 3. 1,390.00

2024 Form OR-CAT

Oregon Department of Revenue

Page 6 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Schedule OR-ES-CAT - Estimated Tax Payments and Other Prepayments**Quarter 4**

Legal name of payer, if an entity

If individual, name of payer

Initial

Last name

Payer's FEIN

Payer's SSN

Date paid (MM/DD/YYYY)

01/30/2025

4. Amount paid 4. 1,390.00

5. Overpayment of another year's tax applied as a credit against this
year's tax 5. 777.00

Payer's FEIN

Payer's SSN

6. Payments made with extension or other prepayments for this tax year 6.

Legal name of payer, if an entity

If individual, name of payer

Initial

Last name

Payer's FEIN

Payer's SSN

Date paid (MM/DD/YYYY)

7. Total prepayments (carry to line 17 on page 4) 7. 6,337.00

2024 Form OR-CAT

Oregon Department of Revenue

Page 7 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Under penalty of false swearing, I declare that the information in this return and any enclosures is true, correct, and complete.

Signature of taxpayer or officer

X

Date (MM/DD/YYYY)

First name of officer

Initial

Last name of officer

THOMAS**MOONEY**

Title of officer

CEO

Signature of preparer other than taxpayer

X

Date (MM/DD/YYYY)

Phone

License number of preparer

First name of preparer

Initial

Last name of preparer

KARLY**TELL**

Address of preparer

345 NE 102ND AVE.

City

PORTLAND

State

ZIP code

OR**97220-4108**

2024 Schedule OR-EXC-CAT
Exclusions From Commercial Activity

Oregon Department of Revenue

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Legal name of designated Corporate Activity Tax (CAT) entity (sole proprietor - complete the next line)

HOUSE SPIRITS DISTILLERY LLC

First name (if sole proprietorship)

Initial

Last name

Federal employer identification number (FEIN)

Social Security number (SSN)

27-4652069

Use this form to report exclusions from commercial activity on your Oregon Corporate Activity Tax Return. Use codes from Appendix A from the 2024 Form OR-CAT instructions. If you have more items than will fit on a single schedule, provide the codes and amounts on additional schedules and add the total to your tax return. Include all the schedules with your return.

You must include this schedule with your Oregon Corporate Activity Tax Return if you are claiming any exclusions from commercial activity.

Exclusions from commercial activity

Code		Amount	
1.	718	2.	661,441.00
3.		4.	
5.		6.	
7.		8.	
9.		10.	
11.		12.	
13.		14.	
15.		16.	
17.		18.	
Total			661,441.00

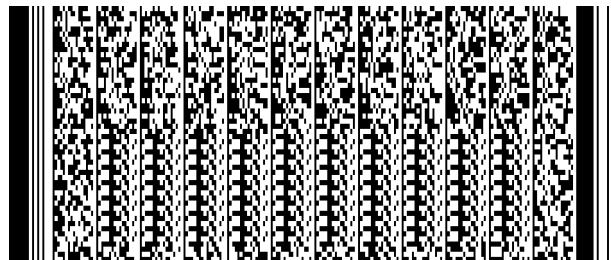
Enter total on Form OR-CAT, line 2

Form P-2024**Business Tax Return for Partnerships**

Multnomah County Business Income Tax
City of Portland Business License Tax

Due Date: 15th day of 4th month after taxable year end
(Calendar Year Filers: April 15, 2025)

File online at Pro.Portland.gov



Tax Year
From: 01/01/24 to 12/31/24

Account #
BZT - 0268359680

FEIN
27-4652069

Official Use Only
NAICS
722410

Name

HOUSE SPIRITS DISTILLERY LLC

Mailing Address ☐ Check if changed
65 SE WASHINGTON ST

City
PORTLAND

State/Prov
OR

ZIP Code
97214

☐ Initial Return (attach registration) ☐ Final Return (attach explanation) ☐ Amended Return ☐ Extension Filed

Part I - Sales and Exemption

1.	Multnomah County sales	1	<u>3,509,751.</u>
2.	Total sales from all sources in all locations	2	<u>4,370,465.</u>
3.	Multnomah County apportionment percentage (line 1 ÷ line 2) (Cannot be more than 1.0)	3	<u>.803061</u>
4.	City of Portland sales	4	<u>3,509,751.</u>
5.	Total sales reported on line 2 (if different see instructions)	5	<u>4,370,465.</u>
6.	City of Portland apportionment percentage (line 4 ÷ line 5) (Cannot be more than 1.0)	6	<u>.803061</u>

Annual Exemption Request: (see instructions)

☐ Multnomah County Reason: _____
☐ City of Portland Reason: _____

Part II - Net Income

Attach Federal Form 1065 & Form 8825, if applicable.

7.	Ordinary net income or (loss)	7	<u>-10,019,827.</u>
8.	Taxes based on or measured by net income add-back	8	<u>200.</u>
9.	Owner's compensation add-back	9	
(# GPs: _____, # LPs w/ comp paid: _____, Total paid to LPs: _____)			
10.	Schedule K (lines 2-3, 5-13) and Oregon modifications on Form 65	10	<u>-14,099.</u>
11.	Adjusted net income (sum of line 7 through line 10)	11	<u>-10,033,726.</u>

Part III - Multnomah County Business Income Tax

☐ Actual PTI modification election (see instructions)

12.	Multnomah County modifications (see instructions)	12	
13.	Multnomah County net business income (sum of line 11 and line 12)	13	<u>-10,033,726.</u>
14.	Owner's compensation deduction (see instructions)	14	
15.	Multnomah County subject net income (sum of line 13 and line 14)	15	<u>-10,033,726.</u>
16.	Multnomah County apportioned net income (line 15 x line 3)	16	<u>-8,057,694.</u>
17.	Add-back of non-business income or loss allocated to Multnomah County (see instructions)	17	
18.	Total business income taxable to Multnomah County (sum of line 16 and line 17)	18	<u>-8,057,694.</u>
19.	Net operating loss deduction (max 75% of line 18)	19	

Part III - Multnomah County Business Income Tax (continued)

20. Income subject to tax (sum of line 18 and line 19)	20	-8,057,694.
21. Multnomah County business income tax (line 20 x tax rate of 2%) Minimum \$100	21	100.

Part IV - City of Portland Business License Tax

22. City of Portland modifications (see instructions)	22	
23. City of Portland net business income (sum of line 11 and line 22)	23	-10,033,726.
24. Owner's compensation deduction (see instructions)	24	
25. City of Portland subject net income (sum of line 23 and line 24)	25	-10,033,726.
26. City of Portland apportioned net income (line 25 x line 6)	26	-8,057,694.
27. Add-back of non-business income or loss allocated to City of Portland (see instructions)	27	
28. Total business income taxable to City of Portland (sum of line 26 and line 27)	28	-8,057,694.
29. Net operating loss deduction (max 75% of line 28)	29	
30. Income subject to tax (sum of line 28 and line 29)	30	-8,057,694.
31. City of Portland business license tax (line 30 x tax rate of 2.6%) Minimum \$100	31	100.
32. Downtown Business Incentive (DBI) credit (see instructions)	32	
33. Heavy Vehicle Use tax (HVT) (attach HVT Schedule)	33	
34. Residential Rental Registration (RRR) fee (attach City Schedule R)	34	
35. Total of City of Portland taxes and fees (sum of line 31 through line 34)	35	100.

Part V - Tax Due / Refund

36. Total business taxes and fees (sum of line 21 and line 35)	36	200.
37. Late payment or late filing penalty	37	
38. Underpayment penalty	38	
39. Interest	39	
40. Quarterly estimated payments and other prepayments	40	
41. Business Retention credit	41	
42. If the sum of lines 36-41 is negative, this is the amount you overpaid	42	
43. Enter the amount from line 42 you want (the selection is irrevocable):		
a. Refunded to you (for direct deposit of your refund, file your tax return online at Pro.Portland.gov)	43a	
b. Applied as an estimated payment to the next open tax year	43b	
44. If the sum of lines 36-41 is positive, this is the amount you owe	44	200.

Part VI - Signature

The undersigned declares that the information given on this report is true. The undersigned is authorized to act as a representative of the filer. Filers of incomplete returns may be subject to civil penalties of up to \$500. By claiming the DBI credit, the undersigned agrees to a waiver of the statute of limitations for any year where the credit is claimed, per administrative rule. This waiver will only apply to the DBI credit and will not apply to other tax assessments or refunds.

Signature of Taxfiler _____ Date _____

Taxfiler Email _____ Taxfiler Phone Number 503-235-3174

Signature of Preparer _____ Date _____

Preparer's Name KARLY TELL Preparer's License Number 14689

Mail completed tax return (with supporting tax pages and payment, if applicable) to:

Revenue Division, 111 SW Columbia St. Suite 600, Portland, OR 97201-5840

Phone (503) 823-5157 | FAX (503) 823-5192 | TDD (503) 823-6868

HOUSE SPIRITS DISTILLERY LLC

27-4652069

MUL P-2024	OTHER MODIFICATIONS	STATEMENT	4
DESCRIPTION		AMOUNT	
ADJUSTMENT FOR TIPS CREDIT		-2,957.	
CHARITABLE CONTRIBUTIONS		-11,142.	
TOTAL TO P-2024, LINE 10		-14,099.	

Client Copy

FORM 1065	TAX EXPENSE	STATEMENT	5
DESCRIPTION		AMOUNT	
LESS FORM 8846 CREDIT		-2,957.	
PROPERTY TAX		32,289.	
TOTAL TO FORM 1065, LINE 14		29,332.	

FORM 1065	OTHER DEDUCTIONS	STATEMENT	6
DESCRIPTION		AMOUNT	
ADVERTISING		2,218,919.	
AMORTIZATION EXPENSE		170,732.	
AUTO		21,856.	
BANK FEES		90,936.	
DUES & SUBSCRIPTIONS		138,613.	
EXCESS PRODUCTION COSTS		894,589.	
INSURANCE		283,627.	
INSURANCE-EMPLOYEES		107,690.	
INVENTORY WRITE OFF		41,145.	
LICENSES & FEES		88,822.	
MEALS		104,497.	
MISC		32,337.	
PAYROLL TAXES		288,182.	
POSTAGE & DELIVERY		257,074.	
PROFESSIONAL FEES		2,906,956.	
PROMOTION		4,956.	
SUPPLIES		188,340.	
TELEPHONE		31,874.	
TRAVEL		196,084.	
UTILITIES		17,473.	
WORKERS COMP		87,069.	
TOTAL TO FORM 1065, LINE 21		8,171,771.	

FORM 1065	TRADE OR BUSINESS DEPRECIATION	STATEMENT	7
DESCRIPTION	REPORTED ELSEWHERE	REPORTED ON PAGE 1	
DEPRECIATION - TRADE OR BUSINESS		68,654.	
DEPRECIATION - COST OF GOODS SOLD	425,972.		
TOTAL TO FORM 1065, PAGE 1, LINES 16B AND 16C	425,972.	68,654.	

SCHEDULE K	CHARITABLE CONTRIBUTIONS	STATEMENT	8
DESCRIPTION	TYPE	AMOUNT	
CASH	CASH (60%)	11,142.	
TOTALS TO SCHEDULE K, LINE 13A		11,142.	

SCHEDULE K	OTHER CREDITS	STATEMENT	9
DESCRIPTION	AMOUNT		
CREDIT FOR EMPLOYER SOCIAL SECURITY AND MEDICARE TAXES	2,957.		
TOTAL TO SCHEDULE K, LINE 15F	2,957.		

SCHEDULE K	NONDEDUCTIBLE EXPENSE	STATEMENT	10
DESCRIPTION	AMOUNT		
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	104,497.		
TAX DEDUCTION ADJUSTMENT FOR FORM 8846	2,957.		
TOTAL TO SCHEDULE K, LINE 18C	107,454.		

SCHEDULE K	OTHER ITEMS	STATEMENT	11
DESCRIPTION		AMOUNT	
AGGREGATE BUSINESS ACTIVITY GROSS INCOME OR GAIN		2,746,216.	
AGGREGATE BUSINESS ACTIVITY DEDUCTIONS		12,766,043.	
SECTION 199A - ORDINARY INCOME (LOSS)		-10,019,827.	
SECTION 199A W-2 WAGES		4,977,679.	
SECTION 199A UNADJUSTED BASIS OF ASSETS		8,236,501.	
BUSINESS INTEREST EXPENSE		4,669.	

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT	12
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
PREPAIDS	482,037.	459,517.	
TOTAL TO SCHEDULE L, LINE 6	482,037.	459,517.	

SCHEDULE L	OTHER ASSETS	STATEMENT	13
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
RIGHT-OF-USE ASSETS	0.	3,943,840.	
TOTAL TO SCHEDULE L, LINE 13	0.	3,943,840.	

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	14
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
ACCRUED LIABILITIES	482,161.	198,823.	
CREDIT CARDS	78,894.	39,043.	
LEASE LIABILITIES CURRENT PORTION	0.	1,318,741.	
PAYROLL LIABILITIES	750,795.	337,708.	
TOTAL TO SCHEDULE L, LINE 17	1,311,850.	1,894,315.	

HOUSE SPIRITS DISTILLERY LLC

27-4652069

SCHEDULE L	OTHER LIABILITIES	STATEMENT	15
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
LEASE LIABILITIES, LESS CURRENT PORTION	0.	2,635,616.	
TOTAL TO SCHEDULE L, LINE 20	0.	2,635,616.	

FORM 1065	PARTNERS' CAPITAL ACCOUNT SUMMARY				STATEMENT	16
PARTNER NUMBER	BEGINNING CAPITAL	CAPITAL CONTRIBUTED	SCHEDULE M-2 LNS 3, 4 & 7	WITH- DRAWALS	ENDING CAPITAL	
1	0.		0.		0.	
4	0.		0.		0.	
5	0.		0.		0.	
6	0.		0.		0.	
7	-701,272.		0.		-701,272.	
8	0.		0.		0.	
9	25,671,662.	9,300,000.	-10,138,423.		24,833,239.	
TOTAL	24,970,390.	9,300,000.	-10,138,423.		24,131,967.	

HOUSE SPIRITS DISTILLERY LLC

27-4652069

SCHEDULE M-2	OTHER DECREASES	STATEMENT	17
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DESCRIPTION

AMOUNT

NONDEDUCTIBLE EXPENSES

107,454.

TOTAL TO SCHEDULE M-2, LINE 7

107,454.

Client Copy

2024 Form METBIT-65**Metro Supportive Housing Services
Business Income Tax
Return for Partnerships**Due Date: 15th day of 4th month after taxable year end
(Calendar Year Filers: April 15, 2025)File online at Pro.Portland.govTax Year
From: 01/01/24 to 12/31/24

Official Use Only

Account #

SHB- 0000000000

FEIN

27-4652069

NAICS

722410

Name

HOUSE SPIRITS DISTILLERY LLC

Mailing Address

☐ Check if changed**65 SE WASHINGTON ST**

City

PORTLAND

State/Prov

OR

ZIP Code

97214☐ Initial Return☐ Final Return (attach explanation)☐ Amended Return☐ Extension Filed**Part I - Sales and Apportionment**

1. Metro sales	1	3,509,751.
2. Total sales	2	4,370,465.
3. Apportionment percentage (line 1 - line 2) (Cannot be more than 1.0)	3	.803061

Part II - Metro Business Income Tax**Attach required federal and Oregon tax pages. See instructions.**☐ Actual PTI modification election (see instructions)

4. Ordinary income or (loss) from Form 1065	4	-10,019,827.
5. Add-back of deductions not allowed	5	
6. Schedule K (lines 2-3, 5-13) and Oregon modifications from Form 65	6	-14,099.
7. Non-business income or loss subtraction (see instructions)	7	()
8. Subject net income (sum of line 4 through line 7)	8	-10,033,926.
9. Metro appointment net income (line 8 x line 3)	9	-8,057,855.
10. Add-back of non-business income or loss allocated to Metro (see instructions)	10	
11. Total business income taxable to Metro (sum of line 9 and line 10)	11	-8,057,855.
12. Net operating loss deduction (max 75% of line 11)	12	()
13. Income subject to tax (sum of line 11 and line 12)	13	
14. Metro business income tax (line 13 x 1%) Minimum \$100	14	100.
15. Prepayments	15	()
16. Penalty	16	
17. Interest	17	
18. Balance due or (overpayment)	18	100.

Part III - Tax Due / Refund

19. If the amount on line 18 is negative, this is the amount you overpaid **19** ()
- Enter the amount from line 19 you want (the selection is irrevocable):
- a. Refunded to you (for direct deposit of your refund, file your tax return online at Pro.Portland.gov) **19a** ()
- b. Applied as an estimated payment to the next open tax year **19b** ()
20. If the amount on line 18 is positive, this is the amount you owe **20** 100.

Part IV - Signature

The undersigned declares that the information given on this report is true. The undersigned is authorized to act as a representative of the filer. Filers of incomplete returns may be subject to civil penalties of up to \$500.

Signature of Taxfiler _____
 Taxfiler Email _____

Date _____
 Taxfiler Phone Number 503-235-3174

Signature of Preparer _____
 Preparer's Name **KARLY TELL**

Date _____
 Preparer's License Number 14689

Mailing Instructions**If a payment is included, send to:**

Revenue Division - Metro SHS Tax
 PO Box 9250
 Portland, OR 97207-9250

Make check payable to Metro SHS Tax

If a payment is not included, send to:

Processing - Metro SHS Tax
 111 SW Columbia St., Suite 600
 Portland, OR 97201-5840

Phone (503) 823-5157

FAX (503) 823-5192

TDD (503) 823-6868